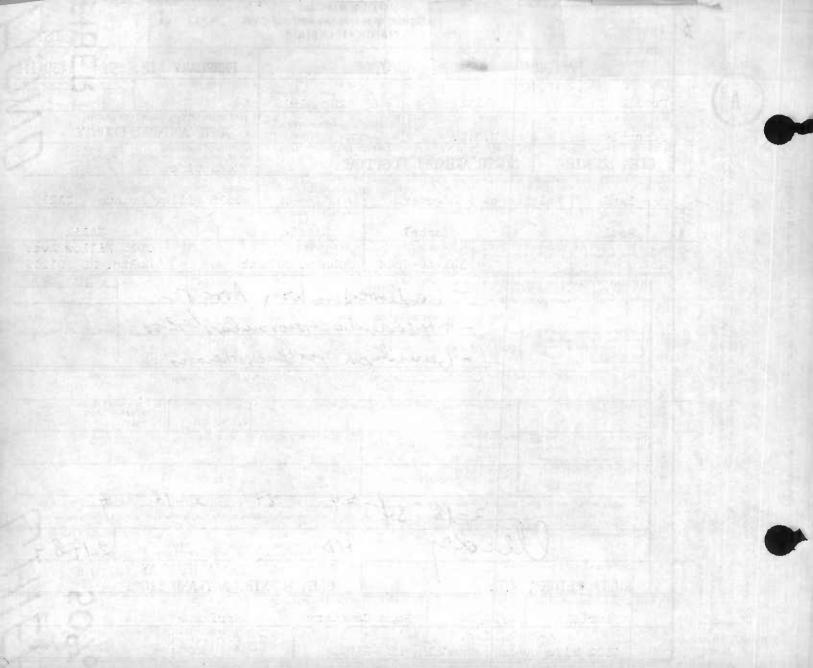
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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	21	7-	1-	FOR STATE REGISTRAR		DE	PARTMENT OF	TE OF MARYLAN HEALTH AND ME FICATE OF DE	ENT AL HYGIE	ENE REG.	NO.	3	EST
	e c.t			CEASED NAME FIR	LIAM	MIDDLE	ANDRY	STAK		FEBRUA		1984	26 HOUR 430 PA
	( A	)	3. SEX	Male	4. RACE	Cauc.	MOR	OF BIRTH	YEAR	AGE (IN YEARS LAST		MONTHS DAYS	
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ARYLA	d within	Committee	)	THER'S NAME FIRST	Frank	_	vsiak	IS. MOTHER'S M	RST	WIDDLE	10	-1.	AST
m,	corr	0		'AS DECEASED EVER IN U			AL SECURITY NO	Ida 17 INFORMANI		ADI	DRESS	vorski	
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I., BALTI	physician	raval.		18 CAUSE OF DEATH (En	nter anly ane cause	per line far (a)	-01-618		Pall	ry Andr	yslak		AMATE INTERVAL NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ires that the death cer gned by the attending	buriol, crematian, arre	7	Canditions, if any, whi gove rise to immedic cause (a), stating tunderlying cause la	DUE TO the (bute) the DUE TO (c)	O, OR AS A CON	NSEQUENCE OF NSEQUENCE OF NG TO DEATH BU	-A- (1	O THE TERMIN	mar lo	ONDITION GIV	VEN IN PART I	Ita
L RECORD	e law require.	and prior to	CERTIFICATION	190 DATE OF OPERATION	19b CO	NDITION FOR	WHICH OPERAT	ON WAS PERFORM	MED	200 AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES	INGS USED S OF DEATH?
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0	ATTENDIN spital or CTOR Af	af Health		220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (-	ive an 2	71	19 Q F		19 89 iur) opinion de	eath occurred an the	date and has	19 FY ur and fram the	, that (I) (we) last e causes stated
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o di	1	FLOR ENC	15 /	ANGELI	n1 =	Es.	B. 2.191	84 3:108
0	3.	SEX	4. RACE	5. DATE OF BIRT	H .	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I Y	EAR IF UNDER 24 HRS
11	1	FEMALE	WhitE.	8-30 F	1929 310	54	YRS.	AYS HOURS MIN
onite (	4	BIRTHPLACE ISTATE OR FOREIG COUNTRY) South Dakota	76. CITIZEN OF WHAT COUNTS	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Anne Arur		H
Confied	110	ROWNS YILLE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE 400 Alder Trail	REET ADDRESS)	ER INSTITUTION	170. USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER		D OF BUSINESS O
mustbe			ome or other institution, give residence bei COUNTY 13c, CITY OR TO 13c, CITY OR TO Crowns V	OWN 1 13d IN	ISIDE CITY LIMITS?	13. STREET ADDRESS 400 Alder	Trail	21032
xomine	0 1	FATHER'S NAME FIRST  Arthur	MIDDLE LAST Kluth		OTHER'S MAIDENN FIRST	AME	Biala	LAST B.S.
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medico			ves. Give war or dates) orean 503-24-	-9322 Doi	nna Angel	ine s	same as 13	е
s any injury, ar am	7	PART 2. OTHER SIGNIFIC  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYE	ANT CONDITIONS CONTRIBUTING T		31	MINAL DISEASE OR CONE	DITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
						YES NOKX	YES 🗀	NO [
or Hem 18 s		OR CONTRIBUTION CALLER	OF DEATH HOUR A.M. MONTH AMINER) P.M.	DAY YEAR	1000	RRED (ENTER NATURE OF INJUR	I IN ITEM 18 PART 1 OR PART	2)
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21 is ma		saw the deceased al	hospital) attended the deceased from the an attended the body after death.		. 17	to 42/8	. 19	the couses stated
II. If hem		27h SIGNATURE	de la	Dr S Sul	AJENDING PHYSICIAN	MEDICAL STAF	F _ 7	ATE SIGNED
MPORTANT		WATKIN	S, STANUBY		DDRESS	n St., Annapo	olis, Mary	land 214(
3	2	30. BURIAL, CREMATION, REM		31 NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
_		Burial	Feb/8, 1984	Serviceman			South Dake	ota
/B2	2	FUNERAL DIRECTOR		napolis Ro	ACC.	ATE REC'D. BY REGISTRAR	ShirEGISTRAR'S SIGN	Carrell Carrell
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		CEASED NAME	FIRST	A	AIDDLE		AST		20. DATE OF DE		D HINC	DAY YEAR	26 HOUR
nay De page 3 er death	(ITPE	OR PRINT)	JACOB	1	MAX	BADWA	K		FEB	RUARY	10	1984	154 A
officer.	3. SE)	Male	4. 1	RACE Whit	te	5 DATE OF		1936	6. AGE (IN YEAR)	7	YRS.	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
orth. Po	7a. Bil	RTHPLACE (STATE OR FI	OREIGN 7b.	CITIZEN OF V		WIDOWI	D D	R MARRIED DIVORCED	9 BALTIMORE AN	CITY OR			у мо
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24 having and be in a must be	USU/ 13a. S	AL RESIDENCE (IF NURS)	Anne A	4 1	135 CITY OR	TOWN Beh.	13d. INSIDE YES [	CITY LIMITS?	13e.STREET ADI	DRESS /	ZIP CODE	PL 2	1226
mplete and 2	14. FA	THER'S NAME	MID	DDLE	Un	k.	15. MOTHE	r's maiden na lantha		AIDDLE		Badur	ak
n and ca		VAS DECEASED EVER	(IF YES GIVE W	D FORCES?	166. SOCIAL <b>213-3</b> 2	SECURITY NO. 2-8678	Nancy		same as	ADDRESS	<u> </u>		MATÉ INTERVAL DNSET AND DEATH
requires that the death certifications signed by the attending physical please remave carban papartoburial, cremation, ar remova injury, ar ather traumatic event, it	NO	PART I. DEATH W  42 92  Conditions, if ony, gove rise to imm couse (o), stotin underlying couse  PART 2. OTHER SIGN	which nediate g the lost.	DUE TO, OI  DUE TO, OI  (c)	R AS A CONS	EQUENCE OF	NOT RELAT	ED TO THE TERM	NINAL DISEASE C	OR CONDI	TION GIV	EN IN PART TI	a.
n. n. nas bermit ne prio	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PER	FORMED	200 AUTOPS		IN CERTIF	, WERE FINDIN YING CAUSES S	
PHYSICIAN ending phys ending phys this certifica he burial-tran and Mental Hy day and them 18	MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER, NOT BY MEDIN 210 INJURY OCCURE WHILE NOT WHAT WORK AT WO	CAUSE OF DEATH CALEXAMINER)	P 21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR	21c HOW	TION	RED (ENTER NATUR	CITY OR TOWN		COUNTY	STATE
TTEN TTEN TOR. For us of He		22a.l certify that (1) saw the decease above, (1) (we) (c	(this hospital				nd that in (m	ny) (our) opinion	, to death occurred t	on the dot			
L OR he he he tocher tocher lifte		274 PHYSICIAN'S N	207	0 8	10	e u	122e ADDR	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIA		M. DATE	SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store		RECEP	EROL M	.D.		22 NAME OF	(	GLEN BUR	5 HOSPIT	(YEAR	BIYE	061	4,417
BP		BURIAL, CREMATION,	REMOVAL	2-13-C	84	Cedan H		ent.	Brook	Lyn P	nk. A	DAR'S SIGNAT	Md.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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7	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH	
		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
e 64		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DATE OF PRINT)	
9 90		CAFORGE HINDREW BAER 2-16	1-84 2-13 M
1	3. SE		UNDER I YEAR IF UNDER 24 HRS
A A Long	LVV	late White 1-02-06 18 yrs	FREATU
1 11 11/10	70. B	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY O	
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of the	M	MARROLIS AFFORMASTORMORING (BY STREET ADDRESS)  ANDE ARUNDA GENDRAL HOSpit AL (RET) DESTI HAY.	Civil Service
2 20 20	USU	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	CIVITOCIVICO
ND 24 h	130.		RRACE 21037
SYLA SPEC	14. E/	ATHER'S NAME  15. MOTHER'S MAIDEN NAME	
MAM be but	YE	Ernst Frederick Back Elizabeth A. Sc	haeter
Aicon dicon	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Sain	ne as
FIMOI on on S. Poge		NO - 170-05-6738 Helen B. Baer - #	13
ficate ficate physicic popertion and all the ent, the		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		IMMEDIATE CAUSE (0) DI MOVARY EMBOLUS	
No di propina		1629 DUE TO, OR AS A CONSEQUENCE OF	
OC		Conditions, if any, which gave rise to immediate (b) Hescetton of Wing Connection	
W.P by the ose ren crem		cause Ial, stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
20 es a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART line
RDS,	Z O	Rhamatory Adherotes	
RECORDS.  Some signature of prior to the prior to the sony injure.	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
0 5 5 0 5	Ē	YES NOX YES	
DIVISION OF VITAL  NG PHYSICIAN: The other this certificate to stee buriol-transit the and Mentol Hygie porked or tem 18 she		216. ACCIDENT WAS UNDERLYING TO THE OF INJURY TO CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	1 OR PART 2)
ON OF VIII HYSICIAN: dentifico buriol-tron Mental Hy or Item 18:	SP	(IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
VISION G PHYSIC strains cer this cer the buried ond Men ked or the	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
DIVI or oth se os the morke	1	WHILE NOTWHILE ALWORK	
0 0 E		220.1 certify that (1) (this haspital) attended the deceased from	
ATTA ATT		above, (IV) and fall fall fall fall fall fall fall for the body after death.  725. SKSNATTER	22c. DATE SIGNED
0 . 0 . 0		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	THE DATE SIGNED
HOSPITAL ined by th FUNERAL vold be dete h the Stote		224 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS	21401
TO HOSPITAL TO FUNERAL should be deta		Jack R Lichtenstein MN 20 Ridgely Ave. Anna	alismi
5 5 6 ¥ ¥	23a	BURIAL, CREMATION, REMOVAL 23). DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	201.07.10
BP	10	remation Feb 15.1984 Cedar Hill Suitland F	Sonnits Will
DHMH - 16 50M 4/83	24. 5	UNERAL DIRECTOR 25q-DATE, REC'D BY REGISTRAR 255, REGISTRA	R'S SIGNATURE
(VRA 15, 4)	To	aylor Tuneral Chapel-Hinnapolis, MD FEDI 3 184 gune De	vidson-Handelle

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( At )	3 S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY	6 AGE (IN YEARS LA		TYEAR IF UNDER 24 HRS
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ond coges	160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	Α	Oyster H	House Rd.
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pope pope novol.		PART I. DEATH WAS CAUS	[ 'A /7	diac arrhyt	tun's	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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hos ene	₹ F				YES NO!	IN CERTIFYING CAL	USES OF DEATH?
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or us of He		sow the deceased alive a	pital) attended the deceased from		r) opinion deoth occurred on t	he date and hour and from	the courses stoted
hed for ept. o	1	obove, (I) (we) (did) (did n 22b. SIGNATURE	not) view the body ofter death.	DEGREE			DATE SIGNED
At D lefoc ote D	1	1	y An	M.D. ATTI	ENDING MEDICAL SICIAN DIRECTOR PH		-15-84
FUNERAL	7	27d. PHYSICIALS NAME (TYPE	OR PRINT)	22e ADDRESS			,
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5 , 2	23a	BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY OR CRE		/N _ COUNTY	STATE -
	24.4	Burial UNERAL DIRECTOR	2-18-84 M	it. Carmel Ce		nell St. I	
16 50M 1/81 RA 15, 4)		Raymond C. Fi	ink M Glen Ri	irnie. Md	FEB 1 6 1984	RAR 255 REGISTRAR'S SIG	
		raymona C. P.	TILL IN GIGII DO	alliac, race.		17	1

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N	lı.	FOR STATE		DEP	ARTMENT OF H	E OF MARTLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE	2150
( )		REGISTRAR CEASED NAME ORPRINT)	FIRST	MIDDLE	Bis	AST	REG. NO U	DAY YEAR 26. HOUR 1984 1050
)	3 SE	× M ,	1 RACE	<del>/</del>	5. DATE C	/ /	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HP
85	C	RTHPLACE (STATE OR FORE OUNTRY) UTOTA W.Va		F WHAT COUN	MARRIE WIDOW	NEVER MARRIED		TY OF DEATH
06	10 C	ITY OR TOWN OF DEATH	1 , 11. NAME O		URSING HOME	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BOOK-Kepper	12b. KIND OF BUSINESS
thould be file	Ma	ryland	HOME OR OTHER INSTITUTE COUNTY	13c CITY OR	BEFORE ADMISSION) TOWN imore	13d. INSIDE CITY LIMITS? YES <b>X</b> NO [	13e STREET ADDRESS 3504 Elliott S	
300		ATHER'S NAME FIRST  COTGE	B	Bisho	ff	15 MOTHER'S MAIDEN N Berdie	MIDDLE	Nester Nester
emovol.	16a \	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES)		SECURITY NO. 4 8910	Mrs. Gay B	ADDRESS ishop 3504 Ellic	ott St 21224
permit. Then please remove corb are prior to buriol, cremotion, or a was ony injury, or other troumotic.	CERTIFICATION		diote the DUE TO, (c)	nent	TO DEATH BUT	NOT RELATED TO THE TER  SOZOLOZ  N WAS PERFORMED	MINAL DISEASE OR CONDITION OF WITH SEMI	SIVEN IN PART 1(0)  Le doment  YES, WERE FINDINGS USED  YES NO NO
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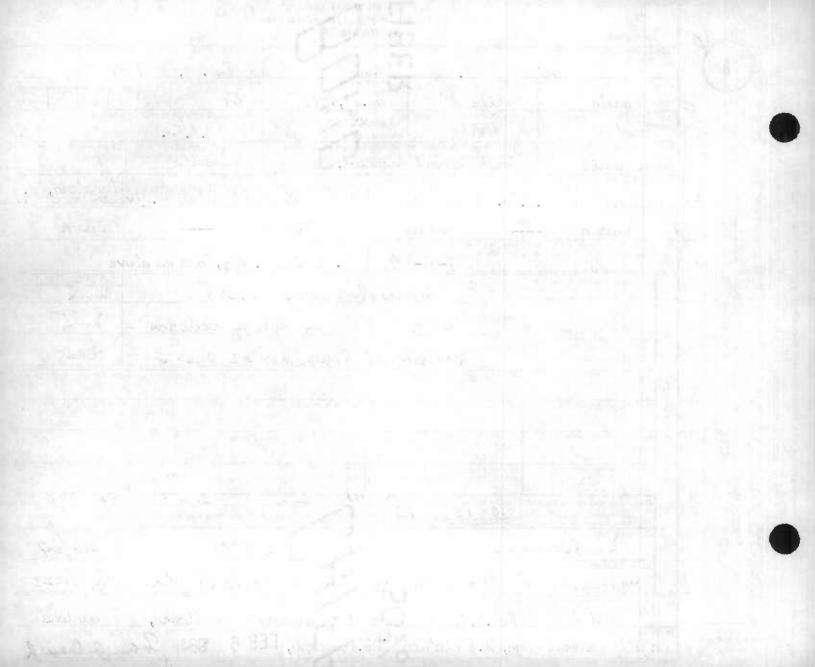
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 2a. DATE OF DEATH MONTH DAY YEAR 26. HOUR [ LYPE OR PRINT] 1001 8001 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS HOURS emale BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Paruland WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOSPOF WORKING LIFE) INDUSTRY Burnie North Arundel Hospital JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE ODE Pasadena, Md. Riviera Beach 211 anulano a sadena FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bertha MIDDLE Unkhown yordon ieoro.e. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. William V. Bogy, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY mar IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse CARDIOVASRUVAR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ al-tronsit Hyg 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntal LIF EITHER, NOTIFY MEDICAL EXAMINER 19 P.M. ž 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION b COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN orked NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 10sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 77d. PHYSICIAN'S NAME (TYPE OF PRINT ould be 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPEC FY) timore During 24 FUNERAL DIRECTOR Tickheck Rds. Pasaden, DHMH - 16 50M 4/83 of illy Funeral Home, Mt. & (VRA 15, 4)

STATE OF MARYLAND



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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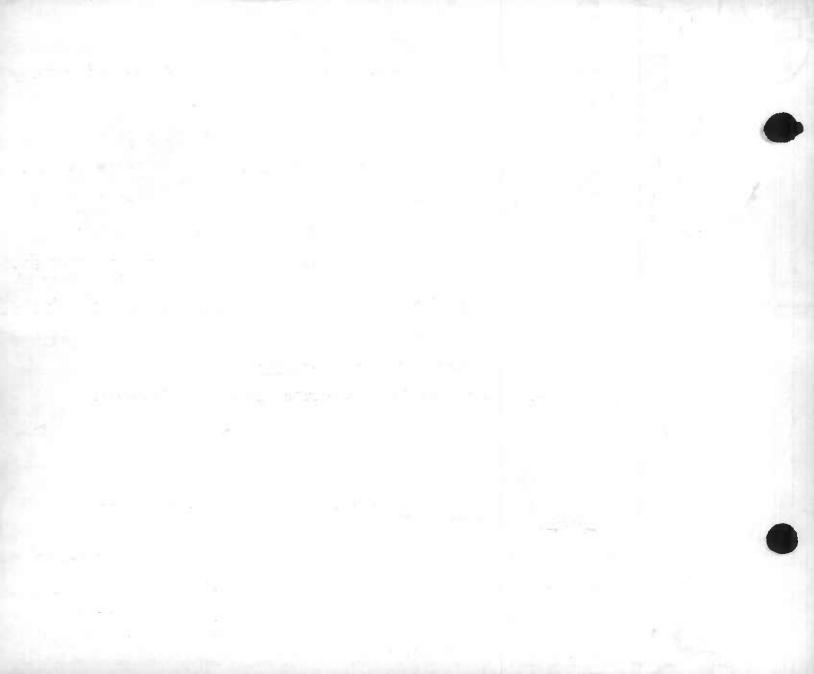


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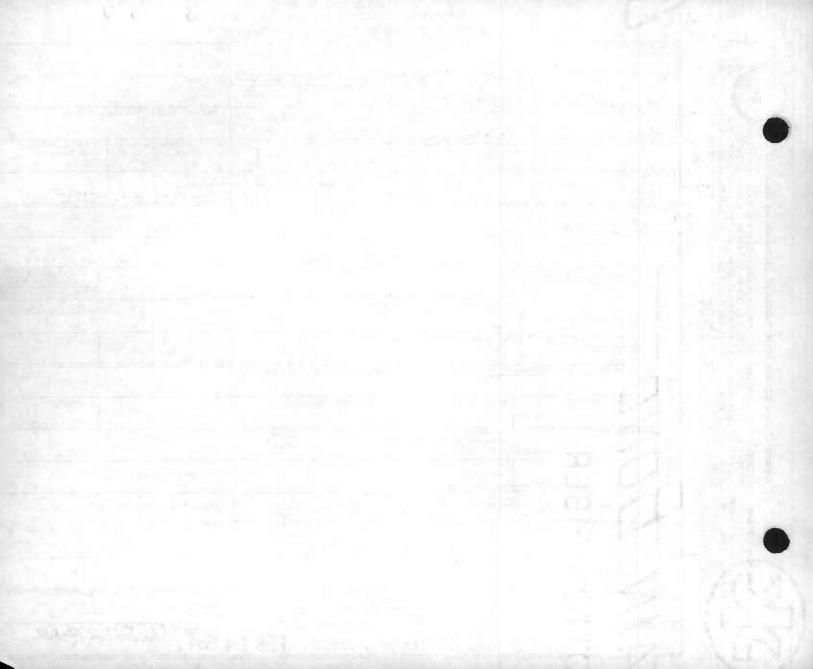
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED George Coles 19 84 N. 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 11:02 DEAD Sept 9,1929 Male Black 54 YRS 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Va. WIDOWED DIVORCED Anne Arundel County, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Jessup Maryland House of Corrections SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO D 5334 Beaufort Ave. Md Baltimore 21215 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST LAST Edward Coles Everlean Unknown Ma. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 230-30-7121 Joseph Fisher, 5334 Beaufort Ave. 21215 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO K 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION EXECUTE HE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAR DIRECTOR: PAGE 3 AFTER DATH, WITH THE STATE DE BALTWORE, MARYLAND 21201 PF AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inspection XX Inquiry Undetermined monner Suicide TITLE (SPECIFY) ACTUAL Deputy Chiefedical ExaminER 2/7/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto, Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2/11/84 Baltimore, Maryland Mt Auburn Cemetery BP 250. DATE REC'D. BY REGISTRAR 256 ALLIST R'S SIGNAL Andale **DHMH - 17** Law Funeral Home 4611 Park Heights Ave. 21215 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Zb. HOUR (TYPE OR PRINT) OF ESTI-1084 2 Lou DEATH MATED DATE OF BIRTH 1944 4. RACE 6. AGE (IN YEARS IF UNDER TYR SEX IF UNDER 24 HRS DATE 2d. HOUR BIRTHDAY PRONOUNCED July DEAD 19 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED XX NEVER MARRIED FOREIGN COUNTRY) W Virginia USA WIDOWED [ DIVORCED Anne Arundel County 120 USUAL OCCUPATION (TYPE OF WORK IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Computer Operator Tobacco Co. 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS Ambrill YES X NO [ 23 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIODER LAST FIRST MIDDLE LAST FIRST Eldon May Moyers Lena 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) Kenneth L. Cooke 227-60-7208 same as 13e APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY mellitus inhetes AMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF - TRANSIT Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MER AL, CREMATION, C BURIALlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO X DEPARTMENT BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) RDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PARTER DEATH, WITH THE STANDOGE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Inspection death resulted fram: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME William P. Jones, M.D. 695 America Ct Davidsonville 21035 230 BURIAL CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Feb ,1984 Maryland National Mem Pk Maryland Laurel BP 16000 Annapolis Road 250. DATE REC'D. BY REGISTRAR 256, REGISTRAL'S SIGNATURE AND 24. FUNERAL DIRECTOR **DHMH - 17** FEB Beall Bowie, Maryland Funeral Home (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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Silver Spring, Md.

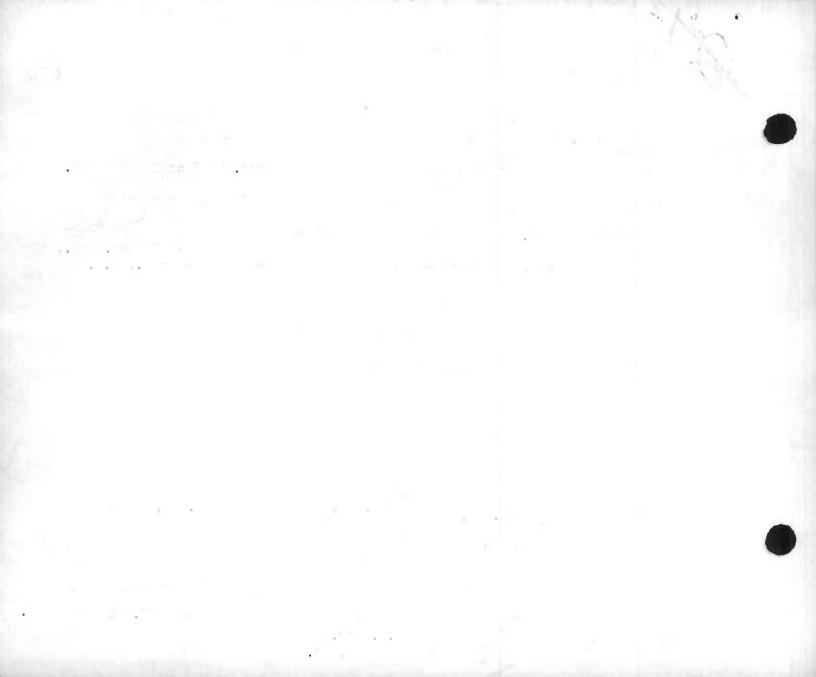
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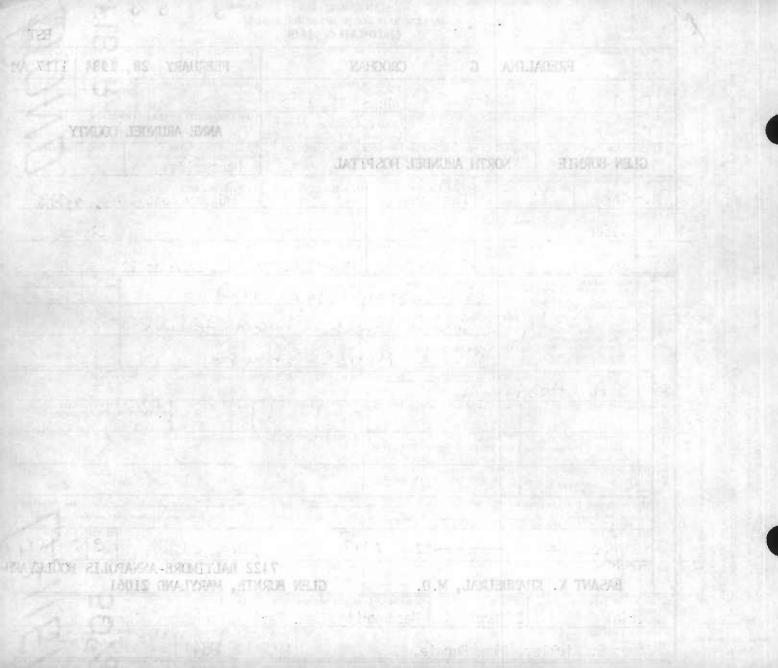
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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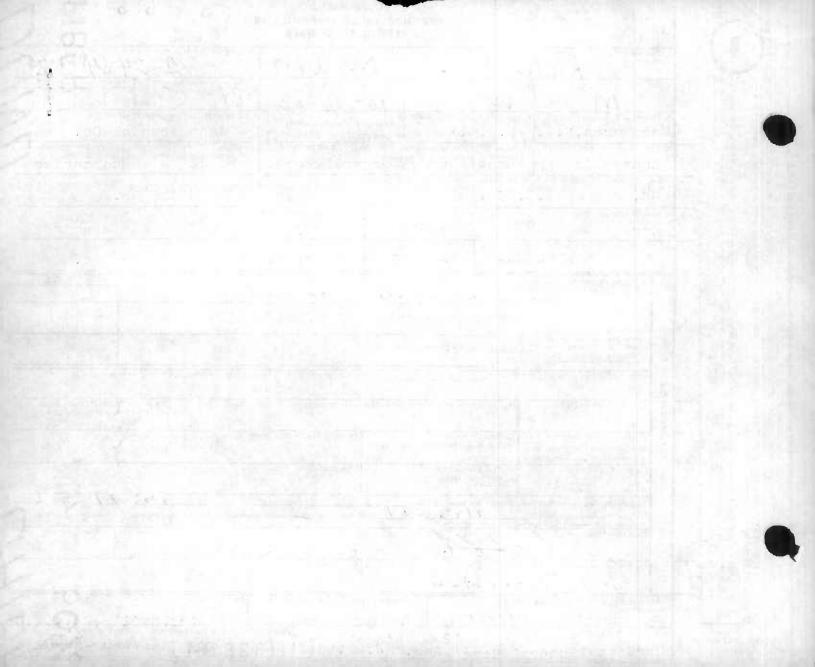


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-1984 DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR YEAR LAST BIRTHDAY PRONOUNCED 0452 93 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED | DIVORCED CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 178. USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS FOR MOST OF WORKING LIFE) spital Branch Manager ns. Co. 21401 13b. COUNTY 13e. STREET ADDRE NNADOLIS 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS as APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST JAMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X No 🗍 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) DEPLITY MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 695 JONES, M.D. AMERICA DAVIDSONVILLE TYPE OR PRINT 23d LOCATION cremalion 250 DATE REGIO. BY BLREGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/82

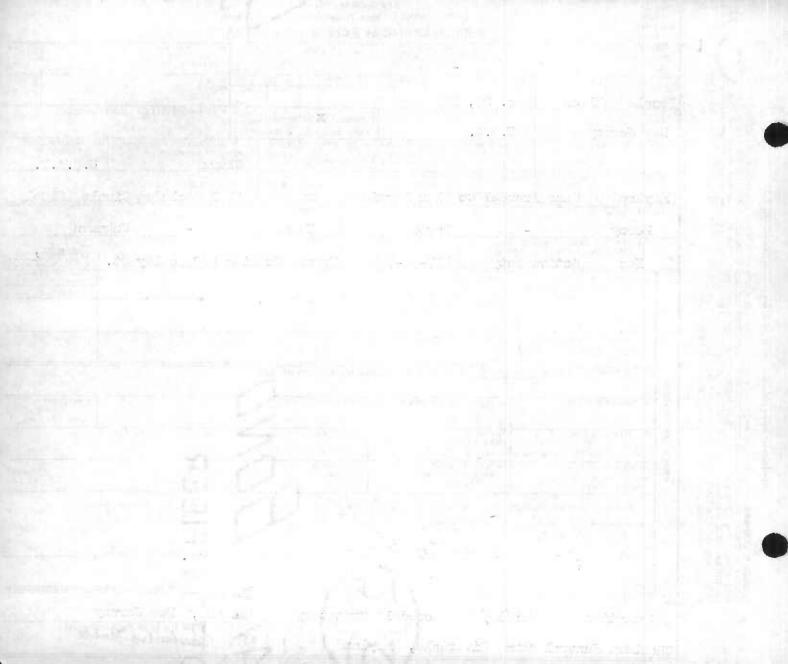
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-0"		18. CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:	e couse per line for (a), (b), and (c).)	Appres - 14	a - 1/	PHODALTED SPVAL STEVEN ONSET AND DEATH
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FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PRITED DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIE TIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL		Conditions, if ony, which gave rise to immediate	(b)			
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WARY		ACTUAL (	(1)1	TYTLE (SPECIFY)		
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BALTIMORE, M	20	EXAMINER'S NAME TYPE OR PRINT)	EN E WHEEL	- E RADDRESS 910	Trimiose	Hanap.
4 m	230 B	URIAL, CREMATION, REMOVAL 230 D	123 t. NAME OF CE	METERY OR CREMATORY 23	LOCATION CITYORTOWN	DUNTY STATE
17	24 E	UNERAL DIRECTOR	ADDRESS	-	BY REGISTRAR 254, REGISTRAR'S	SIGNATURE
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		lying cause last.		as a consequenci	E OF						
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5		SIGNATURE (	DWALK	1/400	1	Deputy Chi	LET <sub>MEDICAL EXAM</sub>	NINER	DATE SIGNED.	2/7/8	4
1		EXAMINER'S NAME T	nomas D.	Smith, M.D			Penn ST.		to, M	ld.	
	23a.B	JRIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY (	OR CREMATORY	23d LOCATION		COUNTY		ATE
	(8	Cremation	Feb/10/84	Rosedal	e Cre	matory	Newark,	New J	ersey		A16
	24. F	UNERAL DIRECTOR	ADDRESS			25a. DATE F	1984 Suni	R 251 REGIST	RAR'S SIG	NATURE	
	Ch	ambers Funeral	Home Riv	erdale, Ma	rylan	a FEB 14	1904 4000	D Pull (V)CY	1/ 10		
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(VRA 15, 4)

STATE OF MARYLAND

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6	1.	FOR STATE REGISTRAR	GIENE 3 1 6			
		CEASED NAME FIRST	2 MIDDLE	LAST		DAY YEAR 26. HOUR
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4 moy tor, po ofter d	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Female	White	Feb. 14 1896	87 YRS.	DATS HOOKS MILE
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s ofter d		pe St. Claire	11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACILITY, GIVE STRI 1154 Little	sing HOME OR OTHER INSTITUTION  LET ADDRESS)  Agothy View	120. USUAL OCCUPATION (Type of work for most of working LI HOUSEWILE	12b. KIND OF BUSINESS OR INDUSTRY
And be fulled in lourd be fulled in lould be fulled by fulled be fulled by f	USU. 13a :	AL RESIDENCE (IF NURSING HOME)	or other institution, give residence ber UNTY PRINCE PARCELLE (ape	DWN _ 113d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1154 Little Mag	nothy View 21401
within 24 should 2 should	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
MA mole ond	Fr	ank	Szymans	ki Antoinett	e	Szczepanski
medicol	16a \	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		a 1154 Little Mag	notthy View
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rateding physician.  When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by and Mental Hygiene prior to buriol, cremation, or removal.  Or shows any injury, or other traumatic event, the medical examiner must be an executed or them.	CERTIFICATION	PART I. DEATH WAS CAUS IMMEDI 42 92 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECT OF TO THE CONDITIONS CONTRIBUTING TO	Peraty failer of Varailer of	20a AUTOPSY? 20b. IF YE	APPROXIMATE NITERVAL BETWEEN ONSET AND DEALY LY NUE OF LIVE OF
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Bb— TO HOT Should with the MAN		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	a CITY OR TOWN	COUNTY M.J. STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Sons Inc. 4019DRES	Holy Rosury Cemeter 136 DA. Chester St. FEB	THE REC D. BT REGISTRARIES REGIS	IRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use, with the State Dept. of Healt MAPORTANT: if hem 21 is mo		sow the deceased alive an abave, (I) (me) (did no 77 h 35 M A DAE	of view the body after death.	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	medical Staff Director Physician  Avenue, GLen Burn	221. DATE SIGNED 2 · 8 · 8 · 4
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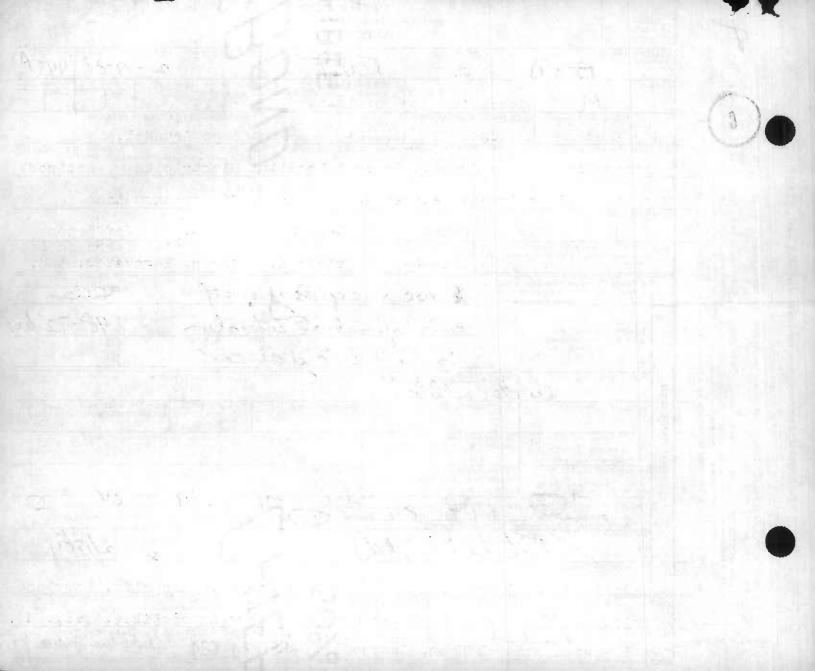
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN (TYPE OR PRINT) OF ESTI-ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS 55, 201 W. PRESTON STREET, harles Ferrin DEATH MATED arl TO YEAR 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Male 60 DEAD hite 19 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Manuland WIDOWED DIVORCED OURS AFTER DEATH. IF ANY DELAY IS NEI 18. GWE PAGES 1, 2, AND 3 TO THE FUN. 3. WITH FORM PM. 3. RETAIN PAGE 5 F MIT. PAGES 1 AND 2 SHOULD BE FILED. W. I. E. DIVISION OF VITAL RECORDS, 201 W. I. ID. CITY OR TOWN OF DEATH LE NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Ret. Am. Rd. Glen Burnie harter Lining 6510H Sol BALTIMORE, MD. 21201 Anne Arundel 13d. INSIDE CITY LIMITS? harter Rd. South 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME harles terrin 60 WAS DECEASED EVER INFORMAN' ARMED FORCES? ADDRESS THE SOCIAL SECURITY NO GIVE WAR OR DATES) Korea Same as #1 e11 Lenora CAUSE OF DEATH (Enter only one couse per line for (a) APPROXIMATE INTERVAL USED AS A BURIAL - RRANSIT PERMIT
OF HEALTH AND MENTAL HYGIENE IN
RIAL CREMATION DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DTHER SIGNLELCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HED D, 21201 PRIOR TO BURIAL, C 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. 2Te PLACE OF INJURY (ATHOME, 211 LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMNER: THIS CER EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held on Inspection ond in my opinion Inquiry Notural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME William P. Jones M.D. 695 America ct. Davidsonville 21035 TYPE OR PRINT 23g BURIAL CREMATION REMOVAL 23h DATE 23d LOCATION Glen Haven Mem. BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 **DHMH - 17** Patapsco Ave. Balto. (VR A15 ME (5)) 20M 4/B2

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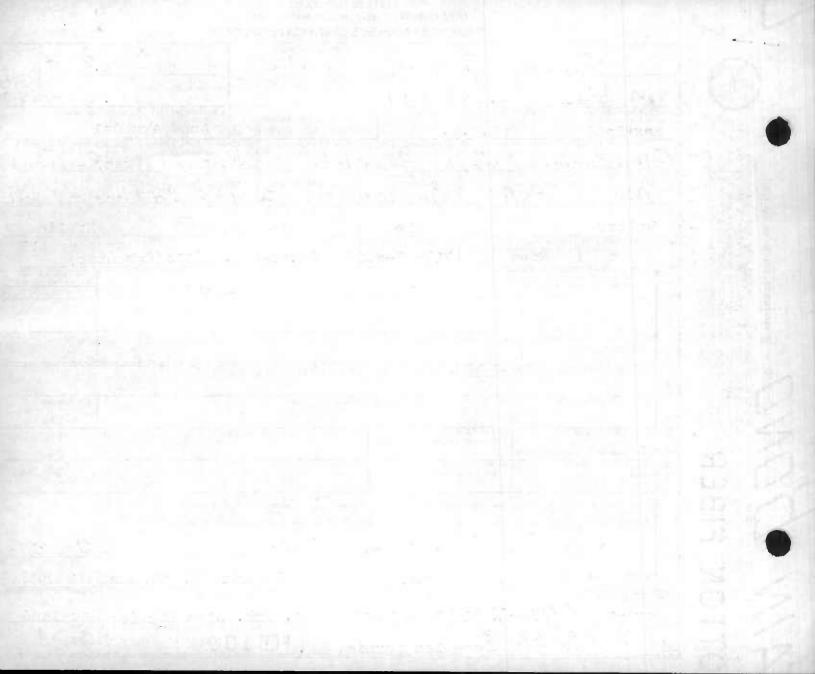
-	1 -	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3174
death death	TYPE	CEASED NAME FIRST POPULATION PRINTS	J.	FOUST	2 -	19-84 26. HOUR A
10	3. SE	M	Caucasian	5. DATE OF BIRTH  MONTH  01-18-09	75 YRS.	MONTHS DAYS HOURS MIN.
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1100	14 F/	THER'S NAME FIRST Boyd How	modie r Foust	15. MOTHER'S MAIDEN NA Bertha	MIDDLE M.	Jefferson
medico		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN). (IF YES, GI 11 O	VE WAR OR DATEST	urity no. 17 Informant -9805 Sylvia A.		
went th			nly ane cause per line for (a), (b), c ED BY: .TE CAUSE (a)	e y respenting	and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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njury, or	NO	PART 2. OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART 11a
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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ned on 1	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		AND RESPECTABLE OF CONTRACTOR AND AND REPORTED TO	ot) view the body after death.	0.17	death accurred an the date and hou	190 , that (II (ve) last
T. If Bern		The SIGNATURE	Thuis	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
th the St.		David S.	Krimins, MD	22e ADDRESS	treet, Annapol	is, Marvland
1 3		BURIAL, CREMATION, REMOVA	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
A 4/83	24 F	JUNERAL DIRECTOR Beall-Evans F	Testo	edar Bluff Cemet 1212 West St 250 DA Annapoils, M <b>c.E</b>	TE REC'D. BY REGISTRAR 216. REGIST	



(R)	1 -	REGISTRAR	CERTIFICATE OF DEATH  REG. NO.
		CEASED NAME FIRST RODE	RIC MUR FEDERICKSON 20 DATE OF DEATH MONTH DAY YEAR 25. HOUR Z 26 84 542 PM
ictor, poi	3. SE		RACE   S. DATE OF BIRTH   6. AGE (IN YEARS LAST BIRTHDAY)   18 UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
okes of the Popular	7a. BI	OUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
he fune within	10 C	TY OR TOWN OF DEATH 11.	WIDOWED   DIVORCED   HID E HOUNDE   MD.
in by the	USU.		Inne Hrundel General Hospital Partner Consulting
LAND 2	5	STATE 13b. COUNTY	HE CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET ADDRESS / IP CODE 21401  FINADOLS YES NO   Sparred Avenue
MARYI ed with	7	THER'S NAME FIRST W. F	redrickson Gayle Mode Doley
MORE, MA		VAS DECEASED EVER IN U.S. ARMED YES-NO DRUNKNOWN) (IF YES, GIVE WA	
V ST., BALTIN certificate be ing physicion bonpopers. P r removol. ic event, the m		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B)	one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH
ON ST.		4100 MMEDIATE C	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours it rather ding physicion.  Were this certificate has been signed by the ottending physicion and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages and 2 should be fifted in by os the buriol-transit permit. Then please remove corbon papers. Pages and 2 should be fifted in by or the medical removed.  It is also been signed by the order transmission of removed.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
RDS, 201 squires th Then pleo to buriol, njury, or or	NO	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ALRECOI on. hos beer it permit. iene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OF VITA CIAN, TI physicial printicote ol-tronsit mtol Hygi		7 (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHER MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
VISION C strending er this cer the buric ond Men	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE
0 0 E S		22a.1 certify that (1) this hospital)	
OR ATTER to hospital DIRECTOR Sched for a Dept. of H		sow the eccessed drive on obove, (1) we) Idial (did not vi 22h. SIGNA URE	DEGREE 221. DATE SIGNED
- f - f - T		27 PHYSICIANS NAME (TYPE PROPRIE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
TO HOSPITA retoined by TO FUNERA should be di with the Stol	23- 5	SURIAL CREMATION, REMOVAL 12	23. DATE 23. NAME OF CEMETERY OF CREMATORY 734 LOCATION 246
BP		remation F	Feb 281984 Cedar Hrll Suttland P.G. mb
DHMH - 16 50M 4/83	H	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND & 0 3 1 /

				OF MARYLAND	0 3 1	10
7-	FOR STATE			ALTH AND MENTA	- 1-1-1-1	
0.0	REGISTRAR			R'S CERTIFICAT	REG.	
	CEASED NAME FIRST	1	DDLE	LAST	OF ESTI-	MONTH DAY YEAR 26. HOL
	TVAN		odore	(OA1-	e DEATH MATED	I CD 17
	101	5. DATE OF BIRTH	YEAR LAST BIRTHDAY	MONTHS DAYS HOUR		
	White	Jan. 24	90 94 YRS.		DEAD	Feb. 8 1984 141
3	RTHPLACE (STATE OR REIGN COUNTRY)			MARRIED NEVER M	ARRIED .	Y OR COUNTY OF DEATH
	Maryland	U.S.A				rundel "
	TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME, C (, GIVE STREET PRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION  FOR HOST OF WORKING LIFE)	OR INDUSTRY
-	1/EN DURNIE	1 Vorti	1 Arul	udel	Dispatcher	(retKAI/ron1
	TATE 136 COUNTY	OR OTHER INSTITUTION, GIVE RE	C. CITY OR TOWN	13d INSIDE CITY LIMIT	S? 13e STREET ADDRESS	21/130
	Mrd.	J.H.	CHENTON	YES WY NO		+tuxent 14
l. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S M	AIDEN NAME MIDDLE	LAST
	Walter		Gale	Lu1		Maslin
60.	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE NO	12374 O DO DAVII	SOCIAL SECURITY N		ADDRI	Same as #13
			717-07-89	29 Marga	ret G. Mills(	
	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line for	(a), (b), and (c).)	1 . /	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	1	TE CAUSE (a)	(LAYO	DAC 1	wrest.	
	Canditians, if any, which		A CONSEQUENCE OF			
	gave rise to immediate	(b)				
	lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF			
		(c)				
z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN	IN PART 1 IO	
0	19s. DATE OF OPERATION	TIBL CONDITION	LEOD WHICH OPERAT	ION WAS PERFORMED?		Jan Autonous
FICA	M. DATE OF OFERATION	190. CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED!		20. AUTOPSY?
CERTIFICATION	21e EXTERNAL CAUSE WAS	21b. TIME OF IN.	IIIPV T	71. HOW INTURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	YES NO
	UNDERLYING OR	HOUR A.M. M	ONTH DAY YEAR	211. 110W   430K1 OCC	JEKED (ENTER MATORE OF MJOKE IN THEM	18 PART I OKPART 2)
MEDICAL	CONTRIBUTING CAUSE OF		19 NJURY (ATHOME.	ZIF LOCATION		
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY		STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK					
	220. I certify that I taak charg	ge af the remains describ	ed abave, held an	Autopsy . Inspe	ection , Inquiry ,	and in my apinian
	death resulted fram: Natu	ral causes , Ac	ident , Suicid	e . Hamicide	, Undetermined manner	
	ACTUAL	11. 00	1 00 200	TITLE (SPECIF)		ne cul
1	SIGNATURE	lear F.	4 11	Deputy	MEDICAL EXAMINER	SIGNED 2-8-89
	EXAMINER'S NAME 11477	iam D. Jones	M D	605	Amonica Ct Day	videonville 21025
	(TYPE OR PRINT) Will			- DATE CO		vidsonville 21035
(	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMET		23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial Rection	eb. 11 1198	4 Glen Ha	aven Mem.		rnie, Maryland
	NAME /	rost thomass	)	230. 07	ATE REC'D. BY REGISTRAR 255 A	EGISTRAR'S SIGNATURE
1	ngleton Fune	ral Home-	Glen Burn	ie, Md, [	EB 1 0 1984	and coming



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and Mental Hygiene prior to burial, or

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STATE OF MARYLAND

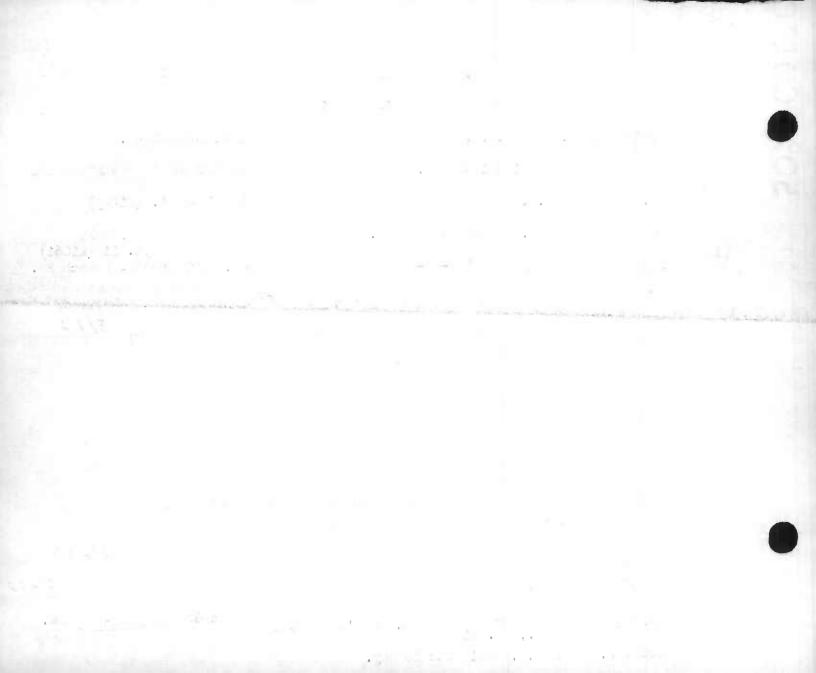
1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG							
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	E CHI PRINCI'S	7.0			20 DATE OF BEATH		28. HOUR				
	VICTOR	М.	GAL			2 6 84	SA				
1, 583	×	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS				
	MALE	WHITE	12	3 1928	55	YRS.	HOURS MIN				
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH					
	CHICAGO, IL.	U.S.A.	WIDOWE	***	ANNE ARUND	EL CO.	N				
1	BROOKLY N	11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  102 10th AVE.		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO CONTRACTOR	RKING LIFE) INDUSTRY	F BUSINESS O				
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M	MD. A.	A. BROOKLY		YES NO 🔏	102 10th St	(21225)					
14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDIE	LAS	1				
	THOMAS	W. GALVIN	SR.	ROSEZELLA	· · · · · · · · · · · · · · · · · · ·	CALDWEL					
16a V	WAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRESS	Apt. 11 (2					
Y		II 168-22-	0457	THOMAS GALVI	N JR. 8077 Bu	udding Bran	nch Rd.				
	IS CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), a D BY:	nd (c)			BETWEEN	MATE INTERVAL				
		ECAUSE(a) Candio	Pulmo	rary arres	+						
	Canditions, if any, which gove rise to immediate cause (0), stating the underlying cause last	lung 8/	83								
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			20a AUTOPSY? 201	DN GIVEN IN PART 100  b. IF YES, WERE FINDIN  CERTIFYING CAUSES  YES	GS USED				
8	7 a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	<u></u>					
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D									
N N	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	AN LOCATION							
MEDICAL	Z1d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AI HOME STREET, FACTORY OFFICE	FARM ETC )	211 LOCATION STREET	CHY OR TOWN	COUNTY	STATE				
1	220   certify that (1) (this haspital) attended the deceased from September 1983, to February 1984, that (1) (we) last										
1	saw the deceased alive on	view the body after death.		nd that in (my) (our) apinion o	death accurred an the date of	]	And in concession, where the party of the pa				
1	above, (I) (we) (did) (did no 22b. SIGNATURE	n view the body after death.		DEGREE		22s. DATE	SIGNED				
	0	66 leman	m	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	- 11	10.4				
	(ian 46)	and Mervin					184				
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	4		18 4				
	22d PHYSICIAN'S NAME (TYPE O	Berkman			Hanover ST &		184				
	Aron W BURIAL, CREMATION, REMOVAL	Berkman 236. DATE 236	NAME OF C		23d. LOCATION	Balthnove M	STATE				
	BURIAL, CREMATION, REMOVAL (SPECEY) BURIAL	Berkman  123b. DATE 123c  2/10/84		3001 Sift EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Latrobe W	COUNTY PSTMORE LANGE	STATE				
24 FU	Aron W BURIAL, CREMATION, REMOVAL	Berkman  236. DATE 2/10/84  2, Md. 21225	St. Ma	3001 S./	23d. LOCATION	COUNTY PSTMORE LANGE	STATE				

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached with the State Dept.

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>	1	FOR = STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIÉNE 0 3	1 7 8	
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by the f	3	DGEWATER.		G HOME OR OTHER INSTITUTION ADDRESS).	12a. USÚAL OCCUPATR (TYPE OF WORK FOR MOST OF RECEPTION	WORKING LIFEL INDUSTRY	OF BUSINESS O
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mpletefy d 2 sho	J. F.	ATHER'S NAME BLAINE GE	MDOLE LAST	15. MOTHER'S MAIDEN NA	LE THAL		AST
an and cor Pages Ta		WAS DECEASED EVER IN U.S. AR	F WAR OR DATES)	RITYNO 17 INFORMANT	ADDRE DO GO	altimore 1	od Rong
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Cian. The law cian. ificate has bee nsit permit. The Hygiene prior n 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO 🛣	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
SICIA nysicial certific transitital Hy Item 1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DING PHY ttending ph After this s the burial th and Mer marked or	MEDICAL	214. INJURY OCCURRED  WHILE HOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ATTEN ital or a iCTOR: or use a of Heal		saw the deceased alive on	tali attended the deceased from	, 19, ond that in (my) (our) opinion	, to death occurred on the do		, that (I) (we) lo
TAL OR AT the hospital AAL DIRECT letached for use Dept. of NT: If Item 2		THE BICHATURE	/ Xonog	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	277000000000000000000000000000000000000	3/84
TO HOSPITAL OR, retained by the hosp of th		JOU. B.	HOWE !	77 WEST	St. ANNA	pohis, M.	D.
BP	23a.	BURIAL CREMATION, REMOVAL	611,004 d	ame of cemetery or crematory	Annasol	LS AA	m'D'
DHMH-16 25M (VRA 15, 4) 1/79	110	UNERAL DIRECTOR	Chapel-Anna	palis mD FEB		A REGISTRADES SIGNA	TURE L

HELEN TOWNER GENESMAN Fertiles CRESHAN TO 5 15 68 COGEN ALEN DIE ASGATTLINGS CANGE PRODUCT DEFACE 101 P. S. A. GARD SHA S. . . . 3 JANE STANDAR SAIL G.M. CALANTE GERSENAME AUG - 216 22 22 Took at the ran- rathman of my than Commence of the second second

+	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGI	ENE 0 3	17	9				
noy be page 3		CEASED NAME OR PRINT)	FIRST	riel	G.	Is DATE O	- 1 es		20 DATE OF DEATH	2 2 8	YEAR 26 HOUR 25. M				
1		male		Neg		3		22	61	YRS.	DAYS HOURS MIN.				
1 1 1 1 1 1 1		RTHPLACE   STATE OR FO COUNTRY)  Maryland	REIGN 7	B. CITIZEN OF V US.		TRY?   8. MARRIE WIDOW!	NEVER MA	RRIED -	9 BALTIMORE CITY OF	COUNTY OF BE	EATH MD.				
by the	A	n napolis		CONCE	Arul	STREET ADDRESS)	en eral	UTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF		KIND OF BUSINESS OR DUSTRY				
AND 21:	13a. S	laryland	3b. COUNT	Arundel	13c CITY OR	TOWN		10 🖫	313 Sansbur	zip code y Rd.	20758				
ompletely ond 2 s	1	THER'S NAME FIRST Earle		IDD1E	Giles		15. MOTHER'S M	ie	MIDDLE		wlings				
TIMORE  Do and c  S. Pages  medica		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		WAR OR DATES)		2-9103	Mary T.			ury Rd.	Friendship  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rateful graphsician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 showld be fith thand Mental Hygiene prior to burial, cremation, or removal.  or ked or them 18 shows any injury, or other traumatic event, the medical examiner must be proved or them.	MEDICAL CERTIFICATION	Conditions, if only, gove rise to imme couse (a), stating underlying couse	which ediate the lost.	DUE TO, OR  DUE TO, OR  DUE TO, OR	AS A CONS	EQUENCE OF	el ni	faret			30 min				
TAL RECORDS, 2  The law requires ricion.  The has been signe as the price prior to buy shows any injury.		med.	lees to	inal	Ma TION FOR W	15, (	1	esco	200 AUTOPSY?  YES NO	206. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?				
IVISION OF VITAL R. IG PHYSICIAN: The In ottending physician. Fer this certificate has a the burial-transit per nand Mental Hygiene nand Mental Hygiene rked ar them 18 shows						21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	USE OF DEATH	P.A 21e. PLACE C	M. MONTH M. DF INJURY	DAY YEAR 19	21c. HOW INJU		ED (ENTER NATURE OF INJUR		R PART 2) OUNIY STATE
OR ATTEND haspital a DIRECTOR. A thed for use ept. of Heal Hem 21 is m		22a.l certify that (1) (sow the deceased above, (1) (sow) (did 22b. SIGNATURE	his hospite	2-28	3	19 84,0	DEGREE ATT	19 5 7 opinion of	death occurred on the da	te and hour and	from the causes stated  2. DATE SIGNED  2 - 28 - 84				
TO HOSPITAL ( retained by the TO FUNERAL I should be detained in the State I		22d. PHYSICIAN'S NAM	H	PRINT) OLSC	HUK	1	22e ADDRESS	Muri	ray Aus	1	napolis				
BP		BURIAL, CREMATION, R  SPECIFY  Burial	EMOVAL	Mar. 3	-1984		Chr. Ce		23d. LOCATION CITY OF TOWN Friendship	A.A.	NTY STATE				
DHMH - 16 50M 4/83 (VRA 15, 4)		encer E. Se	well	Box 31	, Pri	nce Fred	erick, Md	*MAR	05 1984 AR	Me Pavido	SIGNATURE ON-MANDALL				

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		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	8 1
1	11-	STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
4	1. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN N	
78.29	(14)	GARY Eugene Green DEATH MATED [	2 131984 M
W. R. R. B.	3 SEX	1. RACE S. DATE OF BIRTH AND AY YEAR OF 13 59 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE PRONOUNCED DEAD	2 13 184 0640 M
- 15 Z 50 Z F	7a. BI	IRTHPLACE (STATE OR JE AND	
S S S S S S S S S S S S S S S S S S S		MId. U, S, M WIDOWED ANNE A	RUNDEL MO.
DELAY IS NECES ITO THE FUNEY IN PAGE 5 FOR	0	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT INJUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (Type of MOST OF M	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
ANY AND 3 ANY AND 3 AND	13a S	AL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. COUNTY  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  138. STREET ADDRESS  142/12/12/12/12/12/12/12/12/12/12/12/12/12	AN Dr.
MD X 33.3	14. F/	ATHER'S NAME FIRST FINE FIRST	TOWNES
TIMO FOR ON	16a \	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OF JUNKNOWN) (IF YES, GIVE WAR OR DATES)  215-82-2064 EIMER Green Futher	SAME 46#13
V. PRESTON ST., WITHIN 24 HOUR WITHIN 24 HOUR WINCIL IN ITEM 1B. MINER ALONG WITHIN THE PREMIT. TOTAL HYGERALI.		CAUSE OF DEATH (Enter only one cause per line for (o), (b), gnd (t).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Oue TO, OR AS A CONSEQUENCE OF  Conditions, If any, which gove rise to immediate cause (o) storting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CORDS, 201 V BE EXECUTED NDING" IN PR REDICAL ENERGY A BURIAL - ILTA A BURIAL - ILTA AND MER STEMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	
L REGION OF THE AND TH	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
F VITAL RE F SHOULD WORD "PE F CHIEF A BE USED A BURIAL,	TE		YES NO
BIVISION OF VITAL RECORDS, SCRTIFICATE SHOULD BE EXECRITING THE WORD "FENDING" ROBD TO THE CHIEF MEDICAL RE 3 HOULD BE USED AS A BUS TO SPARAMENT OF HALTH AND TO PRIOR TO BURALLY AND TO PRIOR TO BURALLY AND TO PRIOR TO BURALLY CREMATING.		216. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19	RT T OR PART 2)
DIVISION OF THIS CERTIFICATE, WRITING THE FORWARDED TO TOP STAND THE STATE DEPARTMAND, 21201 PRIOR TO TOP STATE DEPARTMAND, 21201 PRIOR TOP ST	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21l LOCATION  STREET CITY OR TOWN	COUNTY STATE
NER: THE CATE, VICATE, VICATE, VICATE, VICATE, PARESTAND, 2		22a. I certify that I took charge of the remains described above, held on. Autopsy . Inspection . Inquiry . ond	I in my apinion
EXAMINER: CERTIFICATE Jub BE FOR DIRECTOR: WITH THE		death resulted from: Natural causes Accident, Suicide, Homicide Undetermined manner,  TITLE (SPECIFY)	1 ,
ICAL EXA SHOULD ERAL DIR EATH, WIL	1	ACTUAL SIGNATURE MEDICAL EXAMINER	DATE 3/13/84
TO MEDICAL EXAMINER: EXECUTE THE CRETIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER POBATH, WITH THE SHATIMORE, MARYLAND,		EXAMINER'S NAME WILLIAM P. JONES, M.D. ADDRESS 695 AMERICA CT. DA	AVIDSONVILLE
PAGE EXE	23a.B	BURIAL, CREMATION, REMOVAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY 234 HOCATION	COUNTY MYTE
BP	200	DURIAL 12-18-84 WA, NOT MEMITK WALLEY TO DURE FECTO, BY REGISTRAR TO B. REGIST	TRANSSIGNATURE
DHMH - 17 (VR A15 ME (5))	6	corge K. Snouden Rockville md. FEB 16 1984 July David	son-Randalla

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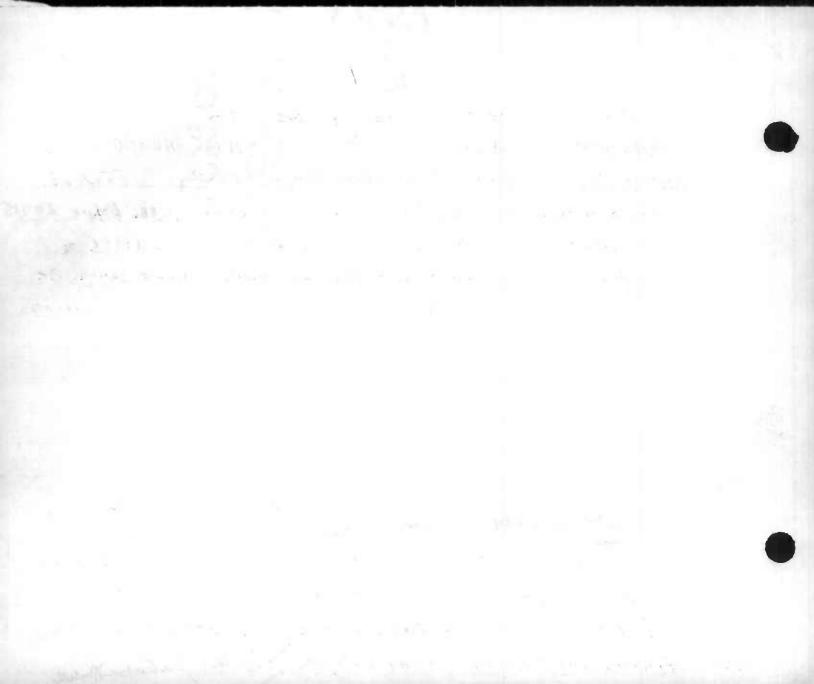
~	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HEA	OF MARYLAND ALTH AND MENTA ATE OF DEATH		) <b>3</b>	2.
			ladys	MIDDLE Rose:	lla 6	Green	20. DATE OF DEATH Februar	y 25	7EAR 26. HOUR 3:28 P.M
oge 4 ma rector aurs offi	3. SE	-emale	4. PACE	hite	5. DATE OF MONTH July	DAY YEA	3 8	YRS.	HHS DAYS HOURS MIN.
deoth. Po	i	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S	S • A •	MARRIED WIDOWED		Anne Ar	unde1	MD
by the f	Aı	napolis	Anne	of Hospital, Nursii such facility, give stree Arunde	L Gen		N 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Seamstre	F WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY  Clothing
within 24 hour	Ma	THER'S NAME	OR OTHER INSTITUTE	Crowns	ville	Bd. INSIDE CITY LIMI YES NO THER'S MAIDE FIRST	989 Roun		Road 21032
tond comple			H.  ARMED FORCES  GIVE WAR OR DATES  JONE			Lou: 7. INFORMANT DE	ise Aughter <sup>ADDRE</sup> H. Knight	ss <b>S</b> a	Lehr me as 13
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death certificate by the contending physician.  When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be fight hand Mental Hygiene prior to burial, cremation, or removal.  The contend or them 18 shows any injury, or other traumatic event, the medical examiner part permored or them.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	SED BY: IATE CAUSE (o),  DUE TO,  (b),  DUE TO,  (c),	OR AS A CONSEQU	ENCE OF	carcino			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  400 Y
The low require, sicon. The hos been signs and permit Then progene prior to bur shows only injury,	CERTIFICATION	190 DATE OF OPERATION		NDITION FOR WHICH			200 AUTOPSY?  YES NO	20b. IF YES, W	/ERE FINDINGS USED IG CAUSES OF DEATH?
G PHYSICIAN: The offending physicic profession of this certificate is the buriol-transit ond Mentol Hygin and Mentol Hygin and or frem 18 specified or frem	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COLURRED WHILE NOTIFY MAIN OF AL WORK AT WORK AT WORK	DEATH HOUR NER) 21e. PLAC	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE,	AY YEAR 19	II. LOCATION STREET	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	
OR ATTENDO OR ATTENDO DIRECTOR: A sched for use Dept. of Heal		220.1 certify that (If (this ho ow the decadsed alive above, (1) (w/s) (did) (did) (22b. SIGNATURY	on2	× 17.5 19		GREE ATTENDI	pinion death occurred on the do	F	, that (I) (we) lost and from the causes stated
TO HOSPITAL TO FUNERAL With the Stote IMPORTANT:		22d PHYSICIAN'S NAME (1996 Richard	Peele			Anne Ar	undel Gen'l		Annapol tal Md
BP DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FU	Burial, CREMATION, REMOV. SPECIFY  Burial  UNERAL DIRECTOR  Ingleton Full	Feb	28,84 G1	en H <sup>A</sup>	25	CITY OF TOWN	urnie	

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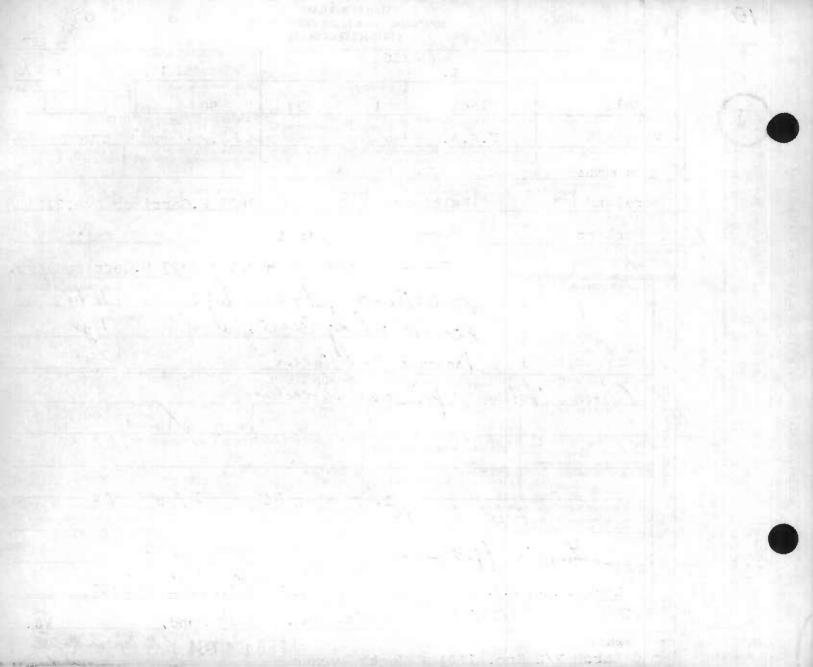
/ 1		FOR	DE		OF MARYLAND ALTH AND MENTAL H	YGIENE 3	8 3
7		STATE REGISTRAR	MEDI	CAL EXAMINE	'S CERTIFICATE O	F DEATH REG. N	NO
	I. DE	CEASED NAME FEST		IDDLE	LAST	2a. DATE KNOWN	MONTH DAY YEAR 26. HOUR
ı	(739	ROCO	100	manaria	T Green	OF ESTI-	N 5 -1 10 011 -
	1.5EX	TRACE SA	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
	I	and Block	MONTH DAY	7890 93 YRS.	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	Feb 18 19 84 PM
Į		RTHPLACE STATEON		COUNTRY?		9 BALTIMORE CITY	OR COUNTY OF DEATH
ı	10	ma	MISA		MARRIED NEVER MARRIE	= 1000	ind
	Mr. CI	1. 2	11. NAME OF HOSPIT	AL, NURSING HOME, O		120. USUAL OCCUPATION (T	YPE DE WORK 12b. KIND OF BUSINESS
	A	NNAmolic		STON-H9to	Ciarl 1	Pome SIIC	OR INDUSTRY
		L RESIDENCE (# IN HURSING HOME O	OTHER INSTITUTION GIVE B	ESIDENCE BEFORE ADMISSION)	UMELL		7/11/1
	13=.5		A.	ALVIVADOL		430 Boston	Hyte ande
	14.77	THER'S NAME		THICAPER	15. MOTHER'S MAIDE	NAME	
۱		AT for a	MEDIE	Ph N SDAL	I I I T	MIDDLE	UNKN
i	16a, V	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	66. SOCIAL SECURITY N	D. 17. INFORMANT	ADDRES	SS ANNAPOLIS, md
	(4	ES, NO, OR UNKNOWN) (IF YES, GIVE	VAR OR DATES)	2.15-54.9	754 MISS E1	17 1 1 TH Gra	PNO 430 Buston 145
	_	18 CAUSE OF DEATH (Enter on	v one couse per line for	(a) (b) and(c))	-IIIII EE	1246016 074	APPROXIMATE INTERVAL
	1	PART I DEATH WAS CAUSED	BY:	Can	line 1	Great	BETWEEN ONSET AND DEATH
1		427 MAMEDIAN	E CAUSE (o) DUE TO, OR AS	A CONSEQUENCE OF	June 1	V	
1		Conditions, if any, which	1				
ı		gave rise to immediate assuse (a) stating the under-	DUE TO, OR AS	A CONSEQUENCE OF			
ı		lying couse lost.	(0)				
		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PAR	TIG	
	Z		(1	orches	ia		
1	SAT.	19s DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?
I	Ě						YES NO
	CERTIFICATION	210 EXTERNAL CAUSE WAS	216 TIME OF IN	JURY NONTH DAY YEAR	TO HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM )	IB PART 1 OR PART 2)
		UNDERLYING OR CONTRIBUTING CAUSE OF D		19			
I	MEDICAL	214 INJURY OCCURRED	21e PLACE OF I		II. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	WHILE NOT WHILE T	)	, renny blog	S. MEET	CIITORIOWN	COUNIT STATE
	17	226. I certify that I took charg	e of the remains describ	ned above held on	Autopsy , Inspection	Inquiry	and in my opinion
I				cident . Suicid		Undetermined monner	and an my opinion
I		/ /	11	2	TILE (SPECIFY)		7,
J	3	ACTUAL SIGNATURE	hem !	cho	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED 18 tel 84
7	1	00		0			
+	-	EXAMINER'S NAME WILL (TYPE OR PRINT)	iam P. Jone	es, M.D.	ADDRESS 695 A	merica Ct Davi	idsonville 21035
1	11a B	JRIAL, CREMATION, REMOVAL 2	36 DATE	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	B	1717L F	-el-24-19:	St Breu	ver Hell	ANNAPOLL	A, A. Mo
I	24 FL	NERAL DIRECTOR	ADDRESS A	7NNAPOK	(SIMO 250. DATE R	EC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE OR
ľ	Ci	8. HICKS	122 For	resI Dr.	UL- MED	4 9 1904	1337

5		1,	FOR - STATE	DEP	ARTMENT OF HEA	OF MARYLAND	YGIENE 0 3	1 8 4	
1		1.	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	o	
			CEASED NAME FIRST	MIDDLE	EAST		26. DATE OF DEATH	MONTH DAY YEAR	10.110011
	nay be page 3	,,,,,,	KUTH		GI	eoss		2.10.84	Z M
	ge 4 may ector, po	3. SE	×	4. RACE	S. DATE OF	BIRTH  DAY  YEAR  O	6. AGE (IN YEARS LAST BIR	MONTHS DAY	
	Poge dire	70. B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	NTRY? 8		9 BALTIMORE CITY O	R COUNTY OF DEATH	
	roll 72 1		COUNTRY) RYLAND	2.5.	WIDOWED	NEVER MARRIED DIVORCED		PRUNDEL	MD
	he funer within 7		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR		12a. USUAL OCCUPATI	ON 12b. KIND	OF BUSINESS OR
10	s of	1	ANNAPOLIS	BAY HAN		SING HOME		F WORKING LIFE) INDUSTR	, Y
VD 2120	hin 24 hours If filled in by should be fill her must be n	13a	AL RESIDENCE (IF MURSING HOME OF STATE 13b. COUI	NTY 13c. CITY OF	RTOWN 11:	3d. INSIDE CITY LIMITS?	13. STREET ADDRESS	y Side Road	20733
TA.	E 75 X		ATHER'S NAME		1:	S. MOTHER'S MAIDEN	NAME		
MARYLAND	ored with completel 1 and 2 s	6	ALEXANDER	HOLL		CORA	MIDDLE	BLAKE	LAST
m,		160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL		7. INFORMANT	ADDRE		Ma 20022
IIMOR	be execu an and c		YEN OR UNKNOWN) (IF YES, GI	TO WAR ON DATES!	]	RODNEY GROS	S 1141 Deep		
BAL	a :55 - 5		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D BY.	. 0	- 1	1	APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
ST.,	an pho			TE CAUSE (o)	ypirale.	in low	ext		
ON	4 6000		4300	DUE TO OR AS A COM	LOYENCE OF	- 100	Acadeul	-	
PRESTON	the death the attend emave ca emation, a		Conditions, if any, which gove rise to immediate	( 1b) Cer	elso Ma	Mular	7144		
3.		4 -	cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF				
201	A 0 0 P		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT N	OT PELATED TO THE TE	BANNAI DISEASE OR CON	DITION GIVEN IN PART	1/2
DS,	Then properties to but injury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	O TO DEATH DOT IN	OF RELATED TO THE TE	MINAL DISEASE OR COIL	JITON GIVEN IN FART	110
RECORDS	s been reprint.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FINE	
IL RE	The lo	I F					YES NO	IN CERTIFYING CAUS	NO [
VIT	7 2 0 7 8	W W	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	Y IN ITEM 18 PART I OR PART 2	1)
	C d fine and a	Z Z	OR CONTRIBUTING CAUSE OF DE	MIN .	19			100	
DIVISION OF	F P S P S	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		TIF. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
IVIS		>	AT WORK NOT WHILE		(	1	5		
	of or of or		22a I certify that (I) (this hosp	1 . 4 .	Trom O /s	mary 19 8	( , to <u> </u>	10.19 84	_, that (I) (we) last
	Profession 12		sow the deceased alive or above, (I) (we) (did id)	ot) view the body after death.	/		on death accurred on the de		
	DR he		22b. SIGNATURE		DE	GREE ATTENDING	MEDICAL / STAL		TE SIGNED
	TAL RAL deto		molegn	race MD	~	PHYSICIAN	☐ DIRECTOR PHYSIC	IAN -	.10.84
	HOSPIT ned by FUNER old be o		22d. PHYSICIAN'S NAME (TYPE			11	MITE 10/	BIBNBUR	NIR.
	TO HOSPITAL Cretoined by the TO FUNERAL D should be detail with the State D IMPORTANT: IF	22	CHACKUMKA			METERY OR CREMATOR	HAM AUB,	in M	n 21061
		736	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 2-14-84			CITY OR TOWN	COUNTY	STATE
	BP	24 F			GROSS CI		CHURCH' DATE REC'D. BY REGISTRAR		MARYLAND LATURE
	DHMH - 16 50M 4/82 (VRA 15, 4)	W	UNERAL DIRECTOR Anna	SONS MORTUARY	*1.A.	gree g	EB 1 4 1984	Julia Davidson	-Agnober ;

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BANTON A.A. STRONGER				
MARKET LANGE AND A P	414	, , , , , , , , , , , , , , , , , , ,	: For M.	Zital Dr.



10	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 0 3	8 6 EST
age 3	I. DECEASED NAME FIRST (TYPE OR PRINT)  RICHAR	D L.	RIS LAST / HAMPTON	FEBRUARY 10,	DAY YEAR 2b. HOUR
7	Male Male	4. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 1 5 34	6. AGE (IN YEARS LAST BIRTHDAY)  50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
in the state of th	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia 16.CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.	MARRIED VEVER MARRIED VIDOWED DIVORCED DIVORCED DIVORCED DISTRIBUTION	9. BALTIMORE CITY OR COUNT  ANNE ARUNI  120. USUAL OCCUPATION	
in by the	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET  NORTH ARUNDE  OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADDRESS) L HOSPITAL  ADMISSION)	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
rely filled 2 should b	Maryland  4. FATHER'S NAME	Baltimo	ore YES X NO 1	ME	son Ave. 21215
Comple	Herbert  160 WAS DECEASED EVER IN U.S.			ADDRESS	Smith
physician and npapers. Pages moval.	NO	only one couse per line for (a), (b), on		ampton 2827 W.	Garrison Ave
signed by the attending proben carbon hen please remove carbon to burial, cremotion, ar errigiury, ar other traumotic eventiury, ar other traumotic.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOUR  (b) PCLIMA  DUE TO, OR AS A CONSEOUR  (c) TOONDITIONS CONTRIBUTING TO	NCE OF		1 yv. 2 yv
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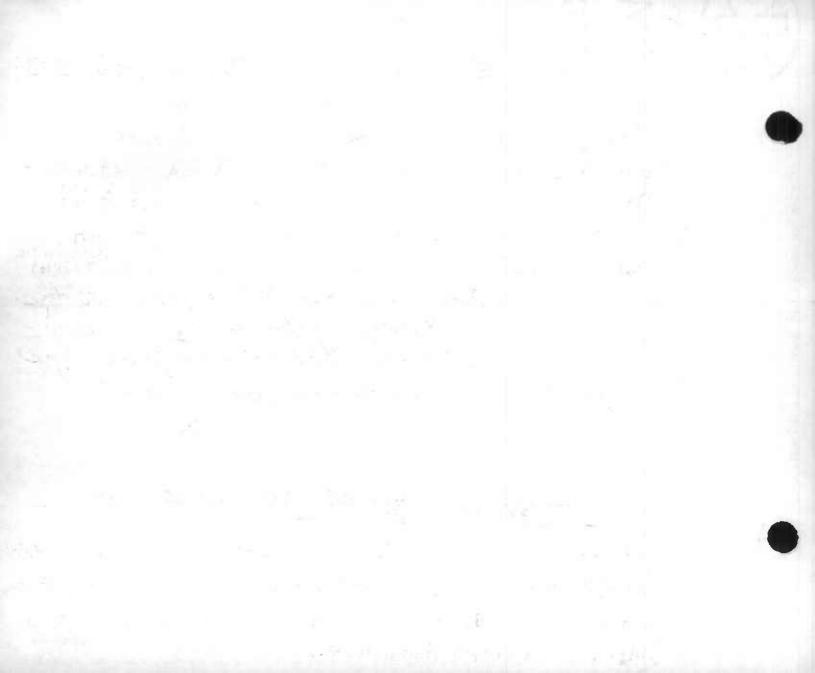
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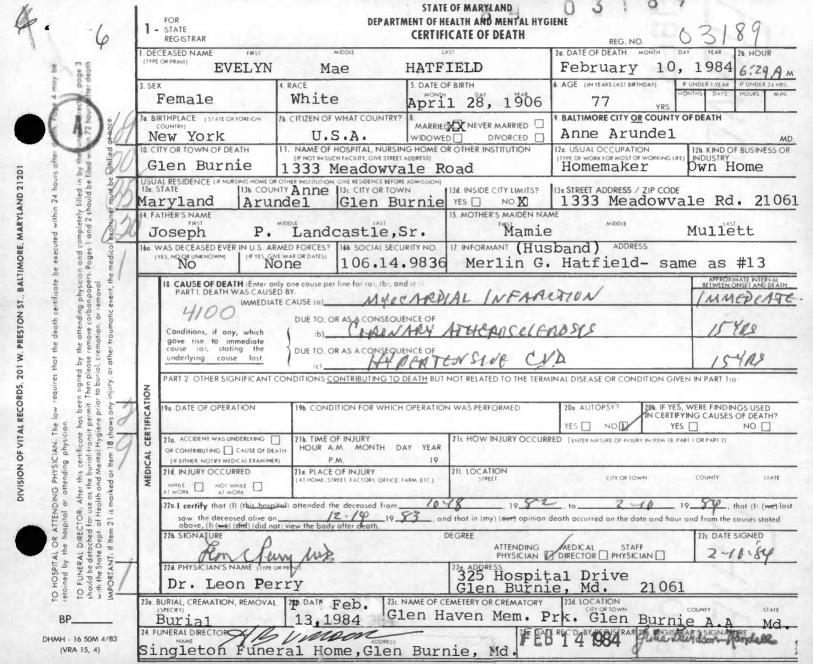
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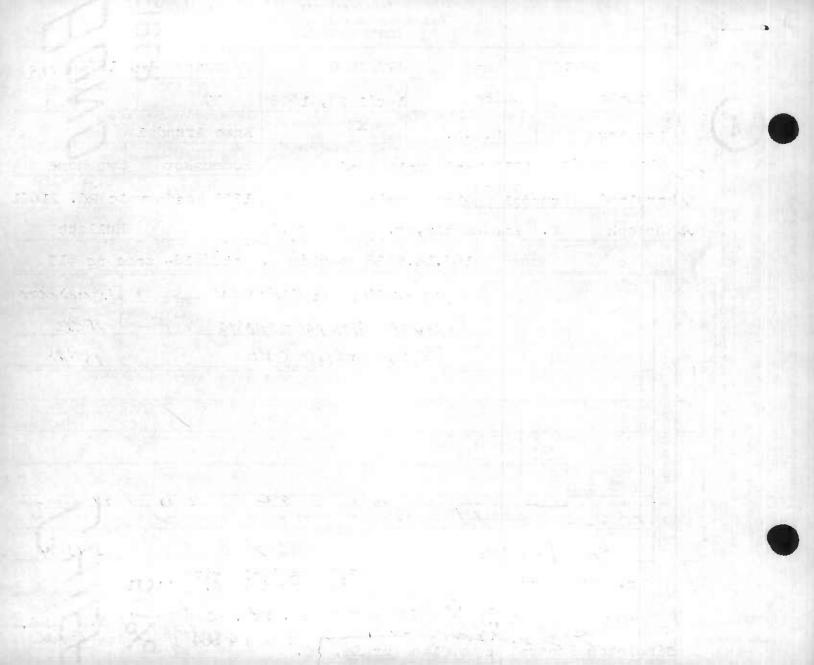
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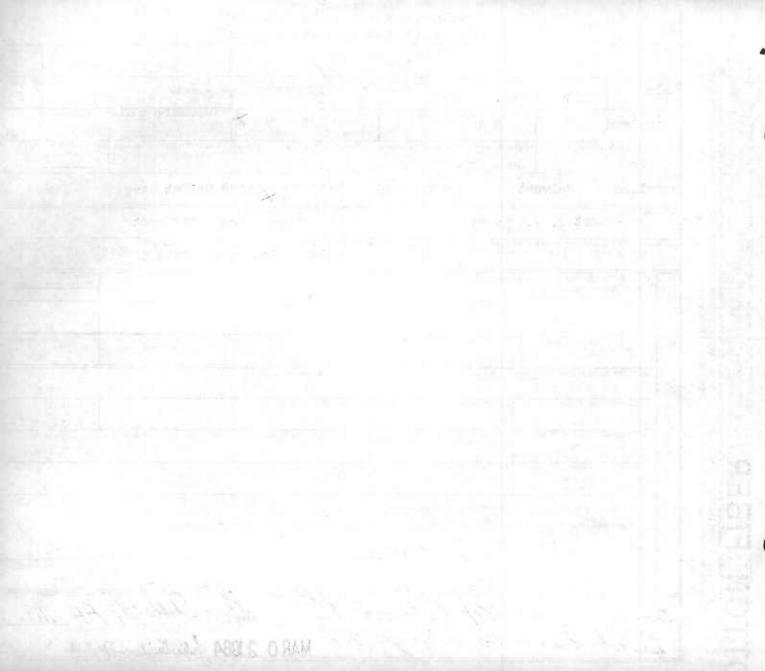


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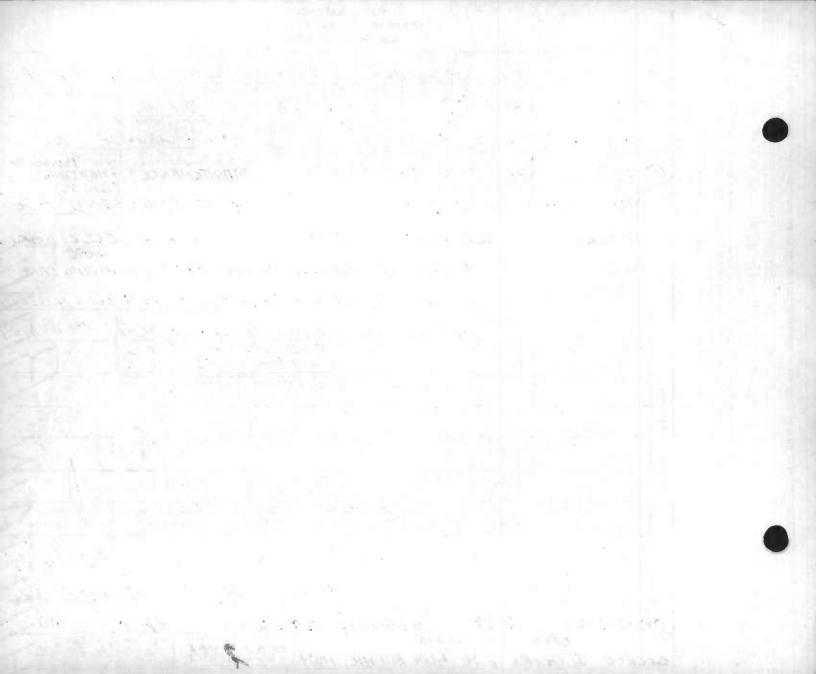
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-שטענונ George DEATH MATED Irwin 3 SEX a. KACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER TYR. IE LINDER 24 HRS DATE PRONOUNCED 1/70 Male 68 White DEAD YRS To BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY Anne Arundel U.S.A. Pennsylvania WIDOWED T DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY SUCH FACILITY, GIVE STREET ADDRESS)
West Hilltop Road FOR MOST OF WORKING LIFE) Machinist Baltimore Railroad USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113b. COUNTY Baltimore NOXE 213 West Hilltop Rd 21225 Md A.A. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRS1 Irwin Leckheim George Emma L. T. PAGES 1 AN DIVISION OF 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESSMaryland 21061 166. WAS DECEASED EVER IN U.S. ARMED FORCES? NO NO, OR UNKNOWN) 163-18-7888 Robert G. Irwin 509 Kent Rd. Glen Burnie 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | BE 216 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTETHE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FIC ) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Inspection 24 226. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram Natural causes Suicide Homicide L Undetermined manner ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 236. BURIAL, CREMATION, REMOVAL STATE Meadowridge Mem. Park Dorsey Howard Md BP 24 FUNERAL DIRECTOR 4001 Ritchie Hgwy Balto, Md George J. Gonce **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

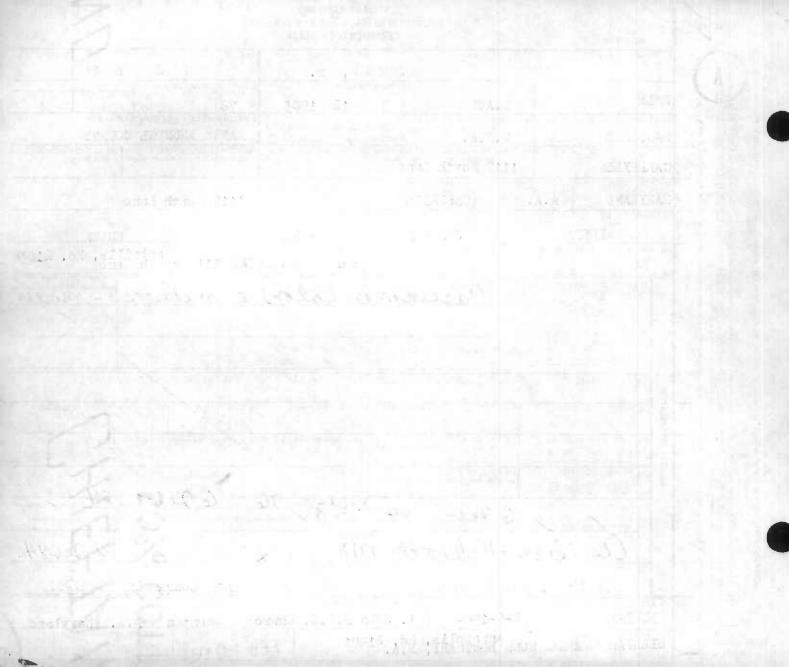
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RESERVATION   (8 TES, ONE WARD COALES)   216-OS-4575   CAROLYN KEEFE 5925 LINTHICUME   REPORTANT NO.   18 CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   19 CAUSE OF DEATH   AND ALL OF TON OUGH 4.   19 CAUSE OF DEATH   AND ALL OF TON OUGH 4.   19 CAUSE OF DEATH   AND ALL OF TON OUGH 4.   19 CAUSE OF DEATH   19 CONDITION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED   20 AUTOPSY?   20 BIF YES, WERE FINDINGS US INCERTIFYING CAUSE OF DEATH   19 CONDITION FOR WHICH OPERATION WAS PERFORMED   20 AUTOPSY?   20 BIF YES, WERE FINDINGS US INCERTIFYING CAUSES OF DEATH   19 CONDITION FOR WHICH OPERATION WAS PERFORMED   21 BIT TIME OF INJURY HOUR A.M. MONTH DAY YEAR   19 P.M.   19 CONDITION GIVEN IN PART 1 (BETHER NOTEWAD CAUSE OF DEATH   19 CITY OR TOWN COUNTY   19 BIT TIME OF INJURY   19 CITY OR TOWN COUNTY   19 CITY OR TOWN						ma 4 -4	JOSEPH	INE C	SLSZEWSK
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OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  WHILE AT WORK  NOTIFY MEDICAL EXAMINER)  22e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. I certify that (I) (this hospital) attended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. I certify (that (I) (this hospital) ottended the deceased from APRIL 19 AT WORK  27e. DECEASE  27e. DATE SIGNED  27e. DATE		ERTI	21. ACCIDENT WAS LINDERLYING	21h TIME OF INJURY		21r HOW IN IURY OCCURR			NO 🗌
220. I certify that (I) (this hospital) attended the deceased from APRIL 19. S., to FEB. 23. 19. S., that (I) sow the deceased alive on FEB. 27. 19. S., and that in (my) (our) apinion death occurred on the date and hour and from the causes obove. (I) (we) (did) (did not) view the body offer death.  220. DATE SIGNET  221. DATE SIGNET  222. ADDRESS  223. BURIAL, CREMATION, REMOVAL 23b. DATE  236. BURIAL, CREMATION, REMOVAL 23b. DATE  237. NAME OF CEMETERY OR CREMATORY  238. BURIAL, CREMATION, REMOVAL 23b. DATE  238. BURIAL, CREMATION, REMOVAL 23b. DATE  239. COUNTY	Hem 18		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA					
sow the deceased alive on FFR 72 19 84, and that in (my) (our) opinion death occurred on the date and hour and from the causes obove. (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC	rked or	MED	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)		CITY OR TOW	N CC	DUNTY STATE
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- CREMATION S-21-87 WESTVIEW MEMORIAL RAITO. M	₹	23a. E	BURIAL, CREMATION, REMOVAL	56 500		1	23d. LOCATION CITY OR TOWN	COUNT	TY STATE
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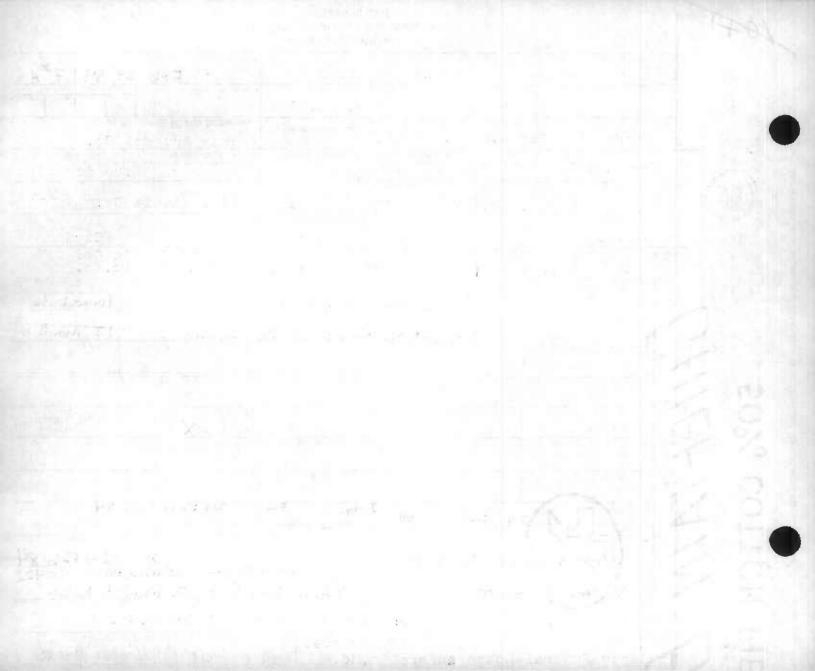


3	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL BY CERTIFICATE OF DEATH	GIENE 0 3 2	0 0	TST
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17		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 0 3 2 U	
510	1 -	STATE REGISTRAR	VETARIA	CERTIFICATE OF DEATH	REG. NO.	
( g .)		CEASED NAME FIRST OR PRINT!	MIDDLE	KEATS		2 PIL 121/04
	3. SE	× ~ I	RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
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Africa Africa Second		22a.   certify that (1) (this haspital sow the deceased alive an _	of the deceased from FeB 22	JAN 1 19 83	death occurred on the date and hou	19_37_, that (1) (we) lo
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by the by the ERAL D store D Store D ANT: If		274. PHY: CLAN'S NAME Y TYPE OR	Mathan &	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	2/33/84
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5 5 1 0 2 ₹	23e	BURIAL, CREMATION, REMOVAL	23 DATE 230	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR LOWN	COUNTY STATE
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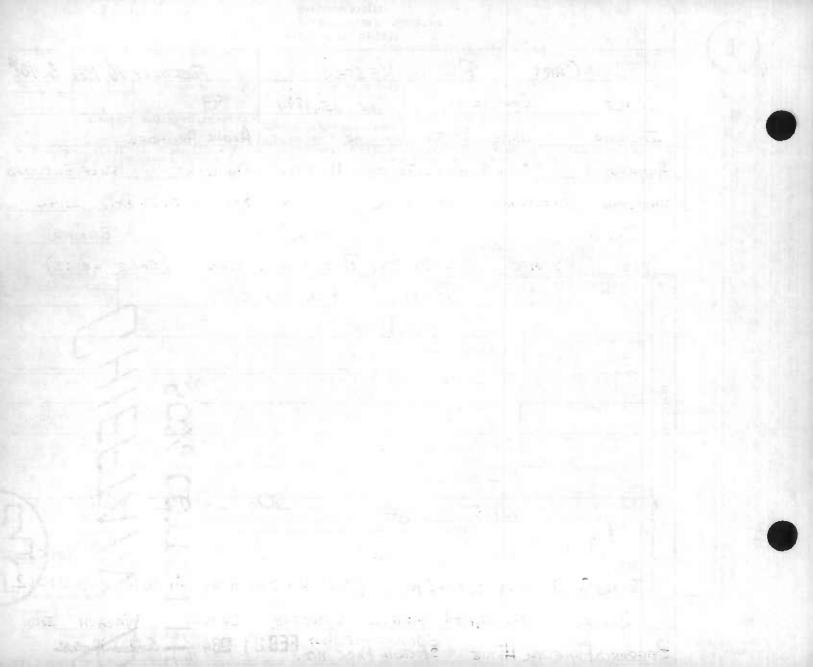
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- × 0 0 ×	CERTIFICATION						YES NO	IN CERTIFYIN	NG CAUSES C	OF DEATH?
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R ATTENIA hospitol RECTOR: ned for us		saw the deceased alive of above (1) we) (did) did n	at view the body o	fter death.	or	d that in (my) (bur) opinion	death occurred on the d	ate and hour or	nd from the co	ouses stated
OR A he has DIRECtoched to Dept.	1	226. SIGNATURE	/\	11.0		DEGREE			22c. DATE S	JGNED
by the host by the host ERAL DIREC electoched State Dept.		- Cons	er w 1	selle	_	PHYSICIAN PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	1/1/	84
HOSPITAL FUNERAL build be detroph to the Stote to the Stote over A the Sto		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		10-10	. 1. 1	211/-
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75 6 8 5 7		SURIAL, CREMATION, REMOVA			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- c	OUNTY	STATE
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DHMH - 16 50M 4/83		JNERAL DIRECTOR		ADDRESS		EE	REC'D. BY REGISTRAR	25b. REGISTRAI	R'S SIGNATUI	RE
(VRA 15, 4)	WA	LTER BROOKS BR	ADLEY, INC	. DUNDAL	K, MD	. 21222	B Z 1984	1 John	- Con Lake	acres of



*	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		) 4
(4)		CEASED NAME OR PRINT;	R.	KESTER	REG. NO.  20. DATE OF DEATH MONTH  FEBRUAR)	
s after p	3. SE	MALE	CAUCASIAN	JUNE 25, 1894	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
early. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUNTS UNITED STATES		ANNE ARUNDE	
by the tur	10 C	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING FARMER	12b. KIND OF BUSINESS OR
24 hour	USU 130.	AL RESIDENCE (IF NURSING HOME STATE 136 CC IRYLAND ANN	E OR OTHER INSTITUTION GIVE RESIDENCE BE DUNTY 134. CITY OR TO	FORE ADMISSION)  OWN  13d INSIDE CITY LIMITS?  PARK YES NO X	130 STREET ADDRESS 300 ST. BEES	De 21146
completely 1 and 2 sh	.14. F	TRVIN	MIDDLE KESTE		MIDDLE	EGNAR
be execu	160 \		ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 312-30	ECURITY NO. 17 INFORMANT	LYMAN (SA	ME AS L3)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rures that the death co signed by the attendin ten please remove corb a burial, cremotion, or lury, or other traumatic	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC	imor	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
on the tax res	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SCIAN, T Sphrici sphri		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)
offer the offer the thought the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE   AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDI hospital at RECTOR A red for use on 21 is no	1	tow the deceased alive above (1) (we) (did) (did	ospital) attended the deceased fro on19 d nat) view the bady after death.	and that in (my) (our) opinion	to All G	
the har DIRI	,	22d PHYSICIAN'S NAME (IV	cls for C	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED
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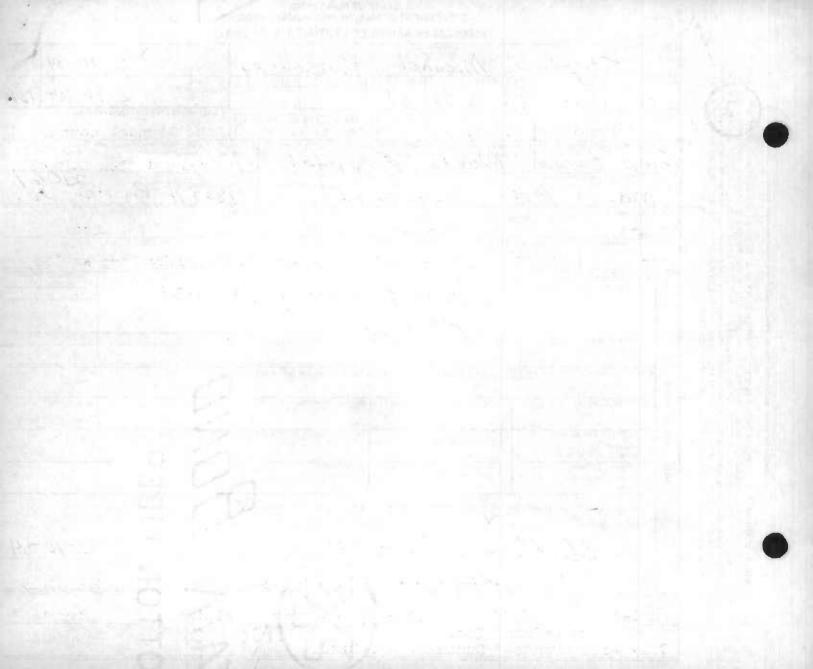


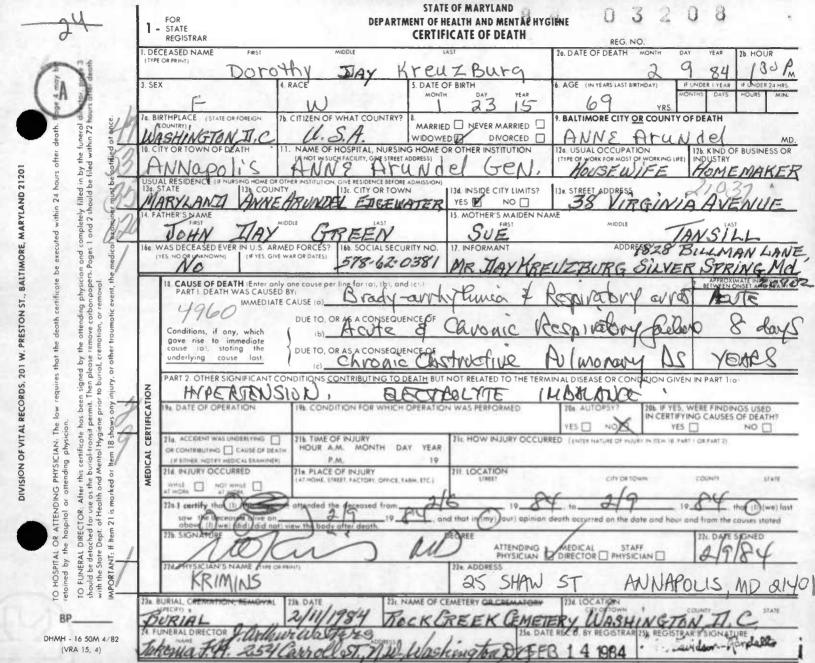
16	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 3 2	0 5
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9	J. SEX	émale lu	Utite	5. DATE OF BIRTH		MONTHS DAYS HOURS MIN.
	V	rginia	USA	MARRIED NEVER MARRIED DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION	Hnne Hr	undel mo
	Br	1: 0"	not in such facility, give stri	EET ADDRESS)	120 USUAL OCCUPATION	RealEstate
LAND 2	The ST	HER'S NAME	CITY OR TO			non Road
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ALTIMORE the tasecular the execution and confidence of the medical	(YE			-6567 Charles (		Same as
ST., B entifica g phy companience event		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAU	1/10 a sit	msion		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death in a attending the mark cort material, or r froumati		Conditions, if ony, which gove rise to immediate	UE TO, OR AS A CONSECUTION (b) CALA		hm	
201 W. Pp			UE TO, OR AS A CONSEC			
		PART 2 OTHER SIGNIFICANT CONDI	Serile	6161 Syadm		
TAL RECC	RTIFIC			CH OPERATION WAS PERFORMED	YES NOW	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: ng physical certifical rical rical hy lhem 18	CAL	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
DING PHY or offending After this te as the built and Manarked or	MED		e. PLACE OF INJURY IT HOME STREET, FACTORY, OFFIC	E. FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI or TOR: A for use of Heal		27a.1 certify that (I) (this haspital) att sow the deceased alive an above, (I) (we) (end) (did not) view	7 / 7		death accurred on the date of	, 19, that (I) (we) lost and hour and from the causes stated
Chep her		126. SIGNATURE A. R	ra		MEDICAL STAFF DIRECTOR   PHYSICIAN	226 DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL should be detail with the State I		Probert Bi	ern, Mi	51 Fran	Klin ST. F	Annapolis, MU
BP	3	urial Fe	b. 101984 23	NAME OF CEMETERY OF CREMATORY	Roanoke	Roanoke VA
DHMH - 16 50M 1/81 (VRA 15, 4)	1	veral director	Lhapel-A		O 9 108/1 Sec.	REGISTRAR'S SIGNATURE

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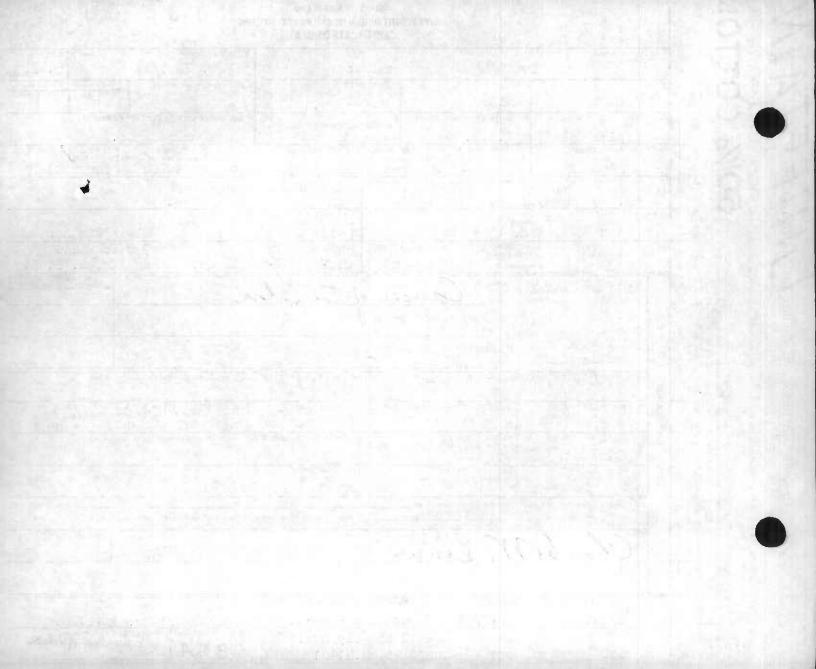


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(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14	FOR 1 - STATE	DEPAR	STATE OF MARYLAND STATE OF HEALTH AND MENTAL HY	GIENE 0 3 2 1	
7	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIL	IST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
/ 弘 疆		Amelia E.	LeMoine	February 27.19	N84 M
10 %	3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BATHDAY) IF UP	NDER I YEAR IF UNDER 24 HRS
9 9 9	Female	White	Sept. 2.1907	76 YRS.	DANS HOURS MIN.
2 43 400	To. BIRTHPLACE (STATE OR FORE)	3N 76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
1 120	Maryland	USA	WIDOWED DIVORCED	Anne Anundel	MD.
of the party of th	Anne Arunde	11. NAME OF HOSPITAL, NUR 18 HOT IN SUCH ACTUTY, GIVESTR 105 Walton AV	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  11ENOT INSUCH SACILITY, GIVES TREET ADDRESS)  105 Walton Ave		26. KIND OF BUSINESS OR NOUSTRY
21 00 12 MOP	USUAL RESIDENCE HE NURSING P 130. STATE	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	Housewife	THUMBERYZIE
9 2 By 20	Manuland t	Inne Arundel	OWN 13d. INSIDE CITY LIMITS? YES □ NO 🕅	105 Walton Ave	21325
4 2 2 A	M. FATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	CIANY
w A w d w	Earl	MIDDLE LAST	natord France	MIDDLE	Patton
£ 5 5	160 WAS DECEASED EVER IN L	S. ARMED FORCES? 166 SOCIAL SE			ntrose Road
MORE ond ond oges	(YES NO OR UNKNOWN) (IF	YES, GIVE YAR OR DATES) 212_2	2-0589 Mrs. Victory	_ ~	ena, Md. 21122
cion ers. I				Jane Jane	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physi physi pop movo vent,	PART I. DEATH WAS		envalued carcin	ome tree	BETWEEN ONSET AND DEATH
renti renti cevicev	17110	AEDIATE CAUSE (0)			
Top orth or, or	1/9/	DUE TO, OR AS A CONSEC	DUENCE OF MALL MILE	ast.	
RES e de notio	Conditions, if ony, who	ote	Cu & v cen		
W. W. P	couse (a), stating underlying couse !	the DUE TO, OR AS A CONSEC	DUENCE OF		
201 s the ed b pleos riol, or o		(c)			
S, S, ign		ANT CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART 110
0 0 0 0 0 0	190. DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WI	ERE FINDINGS USED
REC.	1979	199. CONDITION FOR WITH	CH OPERATION WAS PERFORMED	IN CERTIFYING	G CAUSES OF DEATH?
TAL The The Show	21g. ACCIDENT WAS UNDERLY	ING 1216, TIME OF INJURY	21c HOW IN HIS OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	
SICIAN: T ng physici certificate riol-tronsi ental Hygi	CALLS CONTRIBUTIONS CALLS		DAY YEAR	TRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)
SION OF VI	(IF EITHER NOTIFY MEDICAL E		19		
DIVISION OF VIT  NG PHYSKCIAN: - offending physic fifter this certifical os the buriol-from th and mental Hyg orked or frem 18 s	(IF EITHER NOTIFY MEDICAL E  21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC } 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG NG offer of the orke	WHILE NOT WHILE				
ATTENDI Sspital on CTOR: A d for use for use m 21 is m		thospital) ottended the deceased from	n (39,2)	10 10 19	54 , that (I) (we) lost
R ATTEN hospital hospital RECTOR wed for u hept. of He		did not) view the body after death.		n death accurred on the date and hour and	d from the couses stated
Che per her	226. SIGNATURE	2111.4	DEGREE	Zenen criss	221. DATE SIGNED
TAL O V the VAL DI detocl ote Do ote Do	17	dy of Ruston	C. M. O ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/28/84.
SPIII d by	224. PHYSICIAN'S NAME		72e. ADDRESS		
TO HOSPITAL or retoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT. If	Dr. Philip	W. Keisten	302 Patap	sco Ave. Baltimore	Md. 21225
or or showing with	230. BURIAL, CREMATION, REA	OVAL 236. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	BURIAL	March 1 1984 (	epar Hill Cemeter	y BAIT. ANDE	Brundel MD.
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGISTRAR	
(VRA 15, 4)	mcCully Funce		Act. ma 21225 +	EB 28 1984 Julia Duri	the contract of

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN X MONTH DAY 76 HOUR (TYPE OR PRINT) OF ESTI-Wade Michael Liminy DEATH MATED 2/26/84 19 4. RACE 5. DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE 11:56 L TAIRTHDAY) MONTH 26 T 5 9 YEAR PRONOUNCED CAUCASIA MALE DEAD 2/26/84 AM 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON USA WIDOWED DIVORCED Anne Arundel County 2, AND 3 TO THE PL 3. RETAIN PAGE 5 SHOULD BE FILED 10. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) STUDENT Riva Riva Rd. Bridge over S.Riva River USUAL RESIDENCE HEIN NURSING HOME OR OTHER INSTITUTION. 13d. INSINE CITY LIMITS? 139STRIE PADESHER EWSBURY M'ASPAYET, AND ANNEOUNTRUNDEL NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND KINZEL GARY LIMING JEAN D. D. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMAN ADDRESS TYES NO OR UNKNOWN 368-72-7700 GARY D. LIMING SAME AS NO MENTAL HYGIENE, DI ON, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? STATE DEPARTMENT OF HI TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL TO FUNERAL DIRECTOR: RAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLTMORE, MARYLAND (2120) PRIOR TO BURIL YES X NO [ 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 2To HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING SOR
CONTRIBUTING CAUSE OF DEATH MEDICAL 2/26/84 driver of auto, struck rail, blundged into river 2:40xx 21e PLACE OF INJURY (AT HOME TILLOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC 1 Riva Rd. Bridge, So. River, Riva, Md. river 22a I certify that I took charge of the remains described above, held an Accident X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant 2/27/84 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE BURIAL CEMETERY RITZVILLE ADAMS CO WASHING-BP 250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S ONATURE TOT 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) EVANS ANNAPOLIS. ROBERT MARYLAND 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

CERTIFICATE OF DEATH

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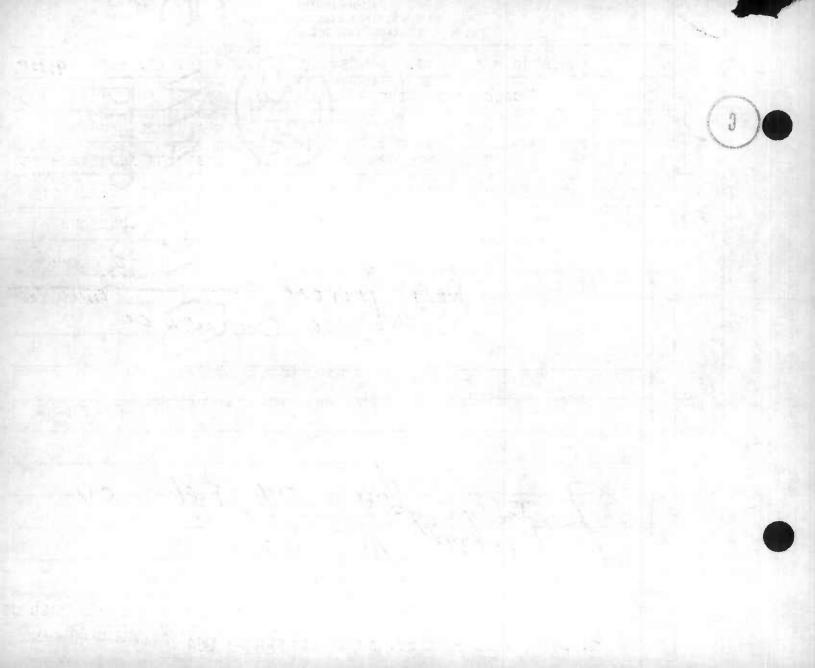
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE

(VRA 15, 4)

DARRANCO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) AGE IF UNDER 1 YEAR 3. SEX 4. RACE I IN YEARS LAST BIRTHDAY IF UNDER 24 HRS 5. DATE OF BIRTH 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 1 (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIVATION BOARD anacert FACTORY JOUAL RESIDENCE HE NURSING 21061 13a. STATE 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13 American Ci 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDOLE UNKNOWN EDERICK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 21146 IYES, NO OR UNKNOWN) SEVERNA PARK, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) This bosontal attended the deceased from saw the deceased alive on. apinion death accurred on the date and haur and from the causes stated obove, (ILL (did) (d mai) view the be dy offer death DEGREE 22c. DATEISIGNED ATTENDING V MEDICAL PHYSICIAN FUNERAL DIRECTOR PHYSICIAN 22e. ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION WESTVIEW DHMH - 16 50M 4/83 (VRA 15, 4) DARRANCO

April 18 - A LE S - A Marie Jabour 1 Street Street CONTRACT CONTRACT FIST PILITEDRY ARPET LINGUIST TVB01024 . STAV- WADARD TO IN THE ST PARTY -16-10 Bletonam 111 X also DUZIMMERHAMI 200 HOSPITA DK GLOW B. 21061 with the second of the second - the spirit of the state of th

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		1. DE	CEASED NAME FIRST		MIDDLE		LAST	r	20. C	ATE KNOWN		DAY YEAR	Zb. HOUR
	W Ø	(TYP	Jesse	- 4	1:05	ioll	M	ALKIN	10	OF ESTI-	02	24,84	
	EAS TOR SEET	3. SE)		5. DATE OF BIRTH	1 70 1	6. AGE (IN YEAR				DATE	HTMOM	DAY YEAR	Zd. HOUR
	STATE OF STA	3. 32/	m Cau	MONTH DAY	YEAR	LAST BIRTHDAY	MONTHS DA			NOUNCED	2	24 84	
	ARY	-	, , ,	091		10 YRS				DEAD		17	0935m
	IS NEGESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DO WITHIN TO HOURS M. PRESTON STREET,	T FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF V	VHAT COUN	TRY?	MARRIED 🔀	NEVER MARE	RIED   7. B	ALTIMORE CIT	Y OR COUN	TY OF DEATH	
	N S S S S S S S S S S S S S S S S S S S	1	Maryland	и.	5, H		WIDOWED [			HNNE	HRUI	ndel,	MD.
		10 CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NUF	RSING HOME,	OR OTHER INS	TITUTION	120 USUAL C	OCCUPATION ( OF WORKING LIFE)	TYPE OF WORK	12b. KIND OP BU OR INDUST	JSINESS RY
	DELAY IS 3 TO THE IN PAGE 20 BE FILED	9	len Burnie	No	orth	A	rund	e1	BAlto	GAS.	+ Slec	atili	
-	AND 3 TO RETAIN HOULD BI	USU/ 13a S	L RESIDENCE (IF IN NURSING HOME			OR TOWN		CIBE CITY I MUTES		DDDECC		210101	7.1
120	AND AND SECOND	130 3	MATE 136. COUNTY	A.	1-10		NIE YES	SIDE CITY LIMITS?	13e. STREET /	MARU	Low	Ave	
9	2, 2, 3. 3. 4 ALRE	14. F	THER'S NAME			- DEF		OTHER'S MAID		+			
, , , , , , , , , , , , , , , , , , ,	M PM	-	Islah	MIDDLE	A.	LAST .		DORA		MIDDLE		unkn	MOM
O O	PAGES 1, PAGES 1, CORM PM ES 1 AND 2	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. 5QC	IAL SECURITY		FORMANT		ADDR	ESS	0-11  -11	11 00
BALTIMORE, MD. 21291	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "PENDING" IN PENCIL IN ITEM IB. GIVE PAGES 1, 2, AND 3 TO FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. ED AS A BURAL-TRANSIT PREMIT, PAGES 1 AND 2 SHOULD BEI HEATTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 141, CREMATION, OR REMOVAL.	(1	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	216	-09-23		arbar	001	1.11.	31	3 Mary	Lou Au
Z Z	S AFT GIVE ITH F PAGE IVISIO					0 / 00	ען וויי	arbare	FIG, F	lad kin	5 0:		
F.	NI W. W. E., D.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per lir DBY:	ne far (a), (b)	and (c).)	4	A	+			BETWEEN ONS	
N.	24 HC ITEM ITEM ITEM PERV PERV		14/45 IMMEDIA	TE CAUSE (a)		gra	IAC	1111	-ESA				
EST	NO WOON	-	7/70		R AS A CON	SEQUENCE O	. , ,	1					
ac a.	A AN REAL		Conditions, if ony, which gave rise to immediate			113	MU						
3	OR THE WAY		cause (a) stating the under- lying couse last.	DUE TO, O	R AS A CON	SEQUENCE O	F						
201	SA S		lying couse last.	(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	EXECUTED NG. IN PR CAL EXAM N BURIAL A AND MEI WATION, O		PART 2 DTHER SIGNIFICANS CONDITIONS	CONTRIBUTING TO DEAT	H RUT NOT RELA	ED TO THE TERMIN	AL DISEASE OR COM	ADITION GIAEN IN	QT 1 (a).				
Ö	BE EXECUDING, NDING, AEDICAL AS A BUALTH AN ALTH AN CREMATI	Z	Pros	tletu	F	Volo	men	al Ay	forta	_			
, a	HEA MEN	CERTIFICATION	196. DATE OF OPERATION	19b. COND	ITION FOR	WHICH OPERA	TION WAS PER	REFORMED?				20 AUTOPSY	?
TAL TAL	SHOULD ORD "PE CHIEF N E USED A T OF HEA	F										YES 🗆	NO 🗆
>	CERTIFICATE SHOU NITING THE WORD" NED TO THE CHIEF RS 3 SHOULD BE USE E DEPARTMENT OF H	1 2	210 EXTERNAL CAUSE WAS	216. TIME C			21c HOW IN	JURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART T OR PA		140 [
0	SHEDWAY.		UNDERLYING OR		M. MONTH								
Ö	SHOULD SEE	MEDICAL	CONTRIBUTING CAUSE OF		M. OF INJURY	19 (AT HOME,	21f LOCATIO	N					
Σ		MET	MAKE THE TANKS		CTORY, FARM, ET	C.)	STREET		CIT	ORTOWN	co	UNTY	STATE
<u> </u>	WARD WARD PAGE STATE		AT WORK AT WORK										
	ATE, DRV		22a. I certify that I taak char	ge of the remains d	escribed aba	ve, held an	Autopsy	], Inspectio	an V In	quiry .	and in my op	pinian	
	NO FEET		death resulted from: Natu	rol couses X.	Accident	Suic	ide	damicide .	Undetermin	ed monner	],		
	ARY ARY		1.11	1. 1.	1		TIT	LE (SPECIFY)					
	A.A.	1	ACTUAL SIGNATURE	ian V.	Mayor	D. m		eputu	MEDICAL	EXAMINER	DATE	2-24	-84
	SER ARE	Y	SIGNATORE		11	/			MEDICAL	EXAMILATIV	310141		
	A SHEET	1	(TYPE OR PRINT) WILL	liam P. J.	ones.	M.D.	ADDRE	695	America	Ct Dav	idsonv	ille 21	035
	TO MEDICAL EXAMINER: THIS GRYTFICATE SHOULD EXECUTE THE CRYTIFICATE, WRITING THE WORD,"PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED, AFTER DEARTHAND TO FHE BALTTMORE, MARYLAND, 21201 PRIORATOR HIGH.	23n B	URIAL, CREMATION, REMOVAL				ETERY OR CREA	-00	23d. LOCAT				
		(:	Burial	2-27-8		edar	411 (	emeter			Cou	O A	10.
	BP	24. F	JNERAL DIRECTOR	7 8	, 10	- CIR	11111	250 DATE	REC'D. BY REC	-	GISTRAR'S		101.
	DHMH - 17	10	NAME I /	ADDRES	5501	12 .	. A.A	, FE	B 2719	84 Julio	Davids	n-Aandelle	
	(VR A15 ME (5))	1	aymond C. t	111)	Glen	194R	vie, Mi	01		0			

and the same of th Printing Horses The state of the s

	,	FOR			DEPARTN		E OF MARYLANI EALTH AND MEI	State &	ENE	3 2		3		
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH		REG. NO	).			
		CEASED NAME	FIRST	N	MDDLE	l l	AST		20 DATE OF D	EATH	MONTH DA	Y YEAR	26. HOUR	
	{ I YPE	OR PRINT)	- Jame	5	U	Mar	shall	SR.	2	124	1/80	1	9:25	7M
	3. SE)	(	1	RACE		5. DATE C		YEAR	6. AGE (IN YEA	RS LAST BIRT		UNDER 1 YEAR	IF UNDER 24	HRS MIN.
	1	male		White		1	09	"ô8	76		YRS.	NINS DATS	HOOKS	WIN.
1	7a. Bi	RTHPLACE (STATE O	R FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MAR	PRIED	9 BALTIMORE	CITY O	COUNTY	F DEATH		
2	(	Marylan	id	U.	S.A.	WIDOWE	-		Hun	e 1	Arren	idel	Co	MD.
1	10. CI	TY OR TOWN OF D	EATH	1. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITU	JTION	12a USUAL OC				FBUSINESS	OR
7	A	nnapolis	>	Anne	Hruno	tel	reneral		Water		WORKING (WE)	Seaf	boc	
5	13a S	AL RESIDENCE (IF NU STATE Md.	13b COUN		136. CITY OR TOWN Deale		13d. INSIDE CITY YES \ \ \ N	LIMITS?	614 Me		ZIP CODE	reet	2078	51
21	14. FA	THER'S NAME		UDDIE	LAST		15. MOTHER'S M			WIDDIE				
0		James		rris	Marsh	all	Viole			WIDDLE		Roge		
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRE	SS			
		no or unknown)	(IF YES, GIVE	WAR OR DATES]	218-16-3	3132	James V	V. Mar	shall,	Jr.	San	ne as ;	# 13	
		18 CAUSE OF DEA PART I. DEATH  43 4 Canditions, if on	MAS CAUSED IMMEDIATE	BY: CAUSE (a)	RASA CONSEQUE	257,6	R Hew	+ p	IALVE	pise	PASE	1	MATE INTERVA	ATH _
		gave rise to in couse (a), stat underlying cau	ting the	DUE TO, OF	R AS A CONSEQUE	NCE OF	3710	Fer	IEK			40)	Venes	بر.
	NO	PART 2. OTHER SIG	GNIFICANT C	onditions <u>cc</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	OR CONE	DITION GIVE	V IN PART 1	a,	
7	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ÆD	200 AUTOP	VO □		WERE FINDIONING CAUSES		?
Î	A 1 7 7 1 1	21a. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJUI	RY OCCURRI	ED (ENTERNATU	RE OF INJUR	Y IN ITEM IB PAR	T I OR PART 2)		
	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE (			211 LOCATION STREET			CITY OR TO	NN /	COUNTY	STAT	IE
	100		ased alive on.	oth oftended he	2 7 19_	84 0	ord that in (my) (	19	eath occurred	an the do	24, 19 te and haur a	_		
		22b. SIGNATURE	arve	1-	then	b	PHY	ENDING YSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		22c. DATE	SIGNED /	4
I		224 PHYSICIAN'S	RAME LIVPE OF	PRITT	STEIN	210	22e ADDRESS	30 YS	ide	17	d	207	64	

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BUTIAL

24 FUNERAL DIRECTOR
JOHN O. ROUSCH FUNERAL Home ADDRESS OWINGS,

23b. DATE 2/27/84

23c NAME OF CEMETERY OR CREMATORY St. James Cemetery

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
ARO 2 1984 July Davidson-Rondell

23d LOCATION Lothian

Anne Arundel

Md.



STATE OF MARYLAND

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16+1	1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	U
A	1. DE (TYPE	CEASED NAME FIRST OR PRINT) GEORGE	E C.	McBride	2 DATE OF DEATH MONTH	-19-84 26. HOUR -
	1 SE	Male	Cauc.	S DATE OF BIRTH  MONTH  2 20 1896	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
The seath.	C	DUNTRY DEN. Colo.	76 CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED WIDOWED DIVORCED	PALTIMORE CITY OR COL	Arundel Mo.
hours after d in by the fun filed within	· f	In napolis	11. NAME OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GIVESTR  A OTHER INSTITUTION, GIVE RESIDENCE BEI	nv. CtR.	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK SCHOOL Admin	
ithin 24 h	13a. S	TATE 136 COUL	NTY ILL CITY OR TO	OWN . 134 INSIDE CITY LIMITS?	130 STREET ADDRESS Dr	ive 21403
ecuted within 24 completely filled and 2 should be			MED FORCES? THE SOCIAL SE	de Laura	Frances	Kelly
te be ex ian and Pages it, the m	(	es, no or unknown   (If yes, Giv	585-05	-5049 Mary M.	Shanklin	same as! #13 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
death cerr ending pt carbon pa on, or rem traumation		PART I DEATH WAS CAUSE IMMEDIA  4273	nly one couse per line for (o), (b), ED BY TE CAUSE (o) CM DUE TO, OR AS A CONSEC	gestive heart	fouler	BETWEEN ONSET AND DEATH
equires that the eguires that the or injury, or other		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT!	DUE TO, OR AS A CONSEC	DUENCE OF	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
been serior to	CERTIFICATION	190 DATE OF OPERATION	D. Ostephi	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
PHYSICIAN: The mp physician. this certificate has unial-transit permi unial-transit permi dor frem 18 show	MEDICAL CER	218. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2]
DING ttendii After s the b th and marke	MED	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	1,0	CITY OR TOWN	COUNTY STATE
hospital or DIRECTOR hed for use Dept. of Hee			ital) attended the deceased from	MA	, 10	d hour and from the causes stated
TO HOSPITAL OR ATTEN retained by the hospital or a TO FUNERAL DIRECTOR: Should be detached for use a with the State Dept. of Heal IMPORTANT: If I tem 21 is		THE SIGNATURE OF THE PLANT S NAME (TYPE OF	mann	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2 COLPY
TO HOSPITAL retained by the TO FUNERAL should be detac with the State I IMPORTANT:	77- "	PLOSE ( URIAL, CREMATION REMOVAL	1. SAMARA	S 205 Ric	daely ove	Annapal, and
BP	C	PEMOCTION REMOVAL	Feb 20,1984 23	c NAME OF CEMETERY OR CREMATORY  Cedar Hill  250 DA	Sultand	P.G. MD
DHMH-16 25M (VRA 15, 4) 1/79	1	aytor Funero	al Chapel-PA	nnapolis, MD FE	B 2 2 1984 Jul	ia Davidson-Mandall

CORIS CONTROL OF THE PROPERTY OF THE COM policy and an and policy the most Elte \_mildendidipositi Chilly at 1 deals 411 estay conflictorant 2 for one 1 office requires that the death certificate be

30

ATTENDING

	1-	FOR STATE REGIS
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poge 3

nding physician and campletely filled in by toorbanpopers. Pages 1 and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbanpapers. Fewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

All the was ony injury, ar other traumotic event, the

IMPORTANT: If them 21 is marked on

executed within 24 hours ofter death. Page 4 may be

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

5	100	- 1	4 1	
0	0	Em	de	

1	, -	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
1		EASED NAME	FIRST	1	MIDDLE	i	AST	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
	() IFE	Bart	00.00		E	M	Donald		2 -	16-84	10:2	OAM
J	3 SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST I	JRTHDAY)	IF UNDER TYEAR	IF UNDER	24 HRS
		female		whit	ce	MONIT	DAY YEAR		OD YRS.	MONINS DATS	HOURS	MIN.
Й		RTHPLACE (STATE OR FO		76. CITIZEN OF	WHAT COUNTRY?	2	D X NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH		
'n	1	Washingto	n D	C. U.S	S.A.	WIDOWE		Anne Ar	undel	. Co.		MD.
ź	10 CI	TY OR TOWN OF DEA	TH			G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPA		126. KIND O	F BUSINE	
8		Annapoli	.s	anne l	rundel	Gene	ral Hosp.	TYPE OF WORK FOR MOS NOUSEW	If e	hous hous	eho.	l d
7	USUA 13a. S	L RESIDENCE (IF NURSIN			GIVE RESIDENCE BEFORE		A 124 INICIDE CITY I WITCO	L. CTOPET ADDRESS	71D COE		102	17
	134. 3	Md.	A .	Ä.Co.	Edgewat		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			100	
	14. FA	THER'S NAME					15 MOTHER'S MAIDEN NAM	WE		7.		
I		Ralph		G.	Wilso	n	Bernice	R.		Ε'Â	din	S
6	16a W	AS DECEASED EVER I			16b SOCIAL SECU		17. INFORMANT		RESS 1 / 2	6. Rehl		
	, ,	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	579-16-	6584	William J	. McDona	ldEda	rewater	M d	ы.
		18 CAUSE OF DEATH	L'Enter or	ly one couse ner	line for (a) (b) and	dicit			<u> </u>		MAYE INTER	
	- 1	PART I. DEATH WA	AS CAUSE	D BY	Saiwa 1	Cor	1 METASTAS	15		- / .	veel	5
		1749	IMMEDIA									
		Conditions, if ony,	which	00000	RAS A CONSEQUE	NCE OF	ANCER			3~	ear	.5
		gove rise to imm	ediate	(0)		NICE OF				1		
1		underlying couse	lost.	DUE 10, 0	r as a conseque	NCE OF						
		PART 2 OTHER SIGN	IFICANT (	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION GI	VEN IN PART 10	0	
,	NO O			_								
	CERTIFICATION	19a DATE OF OPERAT	ЮМ	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YE	S, WERE FINDIN	GS USER	
	TE			Spir	val (0	rd "	TOMOR	YES NOTE		IFYING CAUSES	NO [	
П	ER I	21a. ACCIDENT WAS UNDE	_	216. TIME O		VEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18.	PART I OR PART 2)		
	A.	OR CONTRIBUTING C				AY YEAR						
J	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE			211 LOCATION	CITY OR	IOWN	COUNTY	5	TATE
	\$	AT WORK AT WOR	K	(ATHOME SI	REET, FACTORY, OFFICE F	ARM, ETC.)	SINCE					
		22a I certify that (I)	(this haspi		e deceosed from	-	, 19	, to		. 19	that (I) (s	we) last
		saw the decease above, (1) (we) (d			after death.	59_, ar	nd that in (my) (our) apinian o	death occurred an the	date and ha	ond from the	couses sto	ited
		226. SIGNATURE	11	1			DEGREE			22c. DATE	SIGNED	Colle
		Hach	Ku	lotin	er		ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	2/1	1/	34
		224 PHYSICIAN'S NA	ME (TYPE C	R PRINT}			22e. ADDRESS		.4			
		VACK		KUSh	New		20 R1 dge	ly Ale	HNI	a polis	, 14	7,
	23a B	URIAL, CREMATION, F	REMOVAL	236. DATE	23c. P	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		7.415
	(:	Burial		2/21	/84 N	1d Ve	eterans Ceme	tery Cr	ownsv	rille,	Md.	A . A

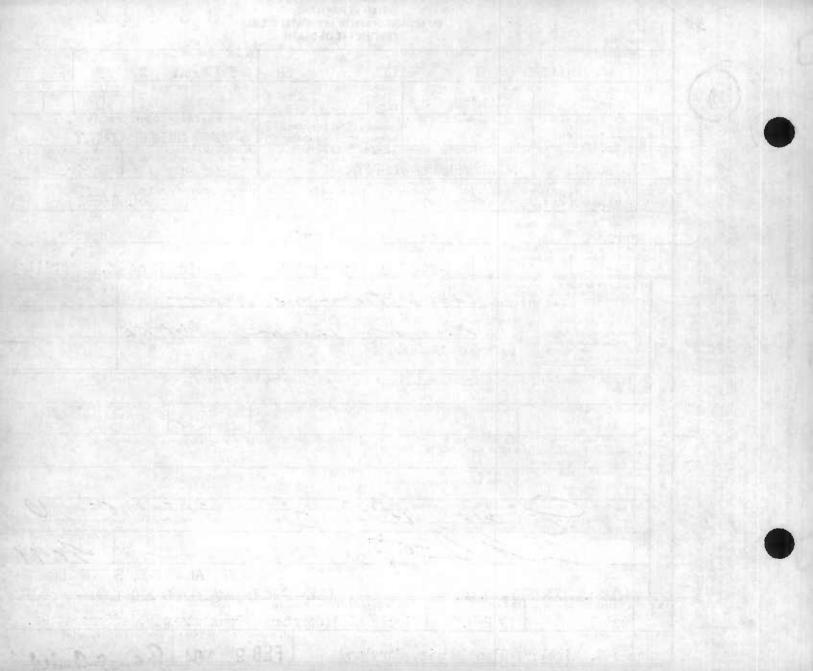
DHMH - 16 50M 4/83 (VRA 15, 4) 14 FUNERAL DIRECTOR
Hardesty Funeral Home

ADDRESS 12 Ridgely A Pa DATE REC'D. BY ANN. Md. 21 4 FR 24

GISTRAR'S SIGNATURE CO.



28	1 -	FOR STATE		Di	PARTM	ENT OF HEA	ITH AND MEN ATE OF DEA	TAL HYGI	ENE 0 3	2 1	2 2	
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o ma		OR PRINT)		7 1	3.6	1 1		CD	***************************************	MONIH		2b HOUR
поу в	2.05	WILI	4. RA	ri Cr	Pl	S. DATE OF	DIDTU	SR	FEBRUARY	8 .	1984	155 AIM
4 (9 th )	3. SE		4. RA		2.4	MONTH	DAY	YEAR		HDAY	MONTHS DAYS	HOURS MIN.
obo Vi	/	Male		White		Augus	t 22,19	19	64	YRS.		
4 84 1	9	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. C	ITIZEN OF WHAT COL	JNIKY	MARRIED	NEVER MAR	RRIED -	9. BALTIMORE CITY O		/3.44 C	
deo deo	10.0	Pennsylvania	111	NAME OF HOSPITAL,	MUDCING	WIDOWED		RCED	ANNE AR		_	MD.
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filled in hould be	13a S	New York	ounty ioga	R INSTITUTION, GIVE RESIDEN 13c. CITY ( Wave	OR TOWN	113	7		13e STREET ADDRESS / 429 Chemui	zip copi	14892	.99999
withi d 2 st	14. FA	ATHER'S NAME FIRST	MIDDL	E t	AST	15	MOTHER'S M.	AIDEN NAA	AE MIDDLE		1.45	i i
Da du la		Warren		McG		3 ( )	Carr	ie			Beat	
nd co		VAS DECEASED EVER IN U.S	S. ARMED		AL SECUE	RITY NO. 1	. INFORMANT		ADDRE	SS	Md	1. 21054
S. Po		Yes	WW	2 195-	24-6	188	Warren	McGee	,2230 Dairy	Farm		
ysicii pper vol.		18 CAUSE OF DEATH (Ent	ter anly an	ne cause per line for (a)	, (b), and	(01.)	1-12	= 1250			BETWEEN	MATE INTERVAL ONSET AND DEATH
a ph on o emo			EDIATE CA		010-	- Pur	2 show	2M	ARPOTI	-	2000	
th cerb		1820		DUE TO, OR AS A CO	NSEQUE	NCE OF		6.11				
deo atte nave		Canditians, if any, which		(b) 277	10/1	ATIC	CAR	eino	mp Phy	1700		
by the ose rem il, cremo		cause (a), stating the	ne j	DUE TO, OR AS A CO	NSEQUE	NCE OF						
signed Then ple to burio	NO.	PART 2. OTHER SIGNIFICA	ANT CONE	DITIONS CONTRIBUTION	NG TO D	EATH BUT NO	OT RELATED TO	THE TERM	inal disease or cont	DITION GIV	VEN IN PART 1	a
prior	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR	WHICH (	OPERATION	WAS PERFORM	ED	20a AUTOPSY?		S, WERE FINDIF	
how ho	F				Et.		21.	- 3	YES NO	YE	ES 🗌	но 🗌
ficate transi 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		216. TIME OF INJURY HOUR A.M. MON	TH DA	Y YEAR	IC HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART I OR PART 2)	
certification of the management of the managemen	CAL	(IF EITHER, NOTIFY MEDICAL EXA	AMINER)	P.M.		19				45		
this day	MEDICAL	21d INJURY OCCURRED		21e. PLACE OF INJURY			II LOCATION STREET	13.18	CITY OR TO	WN	COUNTY	STATE
os th th or orker	-	WHILE AT WORK				TLY	/		/	100		
Leolis mg		220.1 certify that (1) (this	and the same of th	attended the deceased	from	- W/	3	19/4	_, to _ 2/3		1/	that (1) We Past
CTO le for 121		saw the deceased alu abave (I) (we) (did) (d	did pot i vie	w the bady after death	19	Z, and	that in (my (au	f) pinian o	leath occurred on the do	ite and hau	ond from the	causes stated
Ched Ched Ched		22b. SIGNATURE	1	11/		DE	GREE	MDDIG	. Apicu		22c. DATE	SIGNED
Al deto	0.41	1	-6	1 Lha	>	JW.		SICIAN -	DIRECTOR PHYSIC		2	18/14
TO FUNERAL should be ded with the State	110	226. PHYSICIAN'S NAME (	TYPE OR PRIN	(1)	10	2	2e ADDRESS	200	HOSPITAL D	RIVE.	SUITE	206
should be with the		THO A COU	TOWN TO	Y M D			CLTN	DIDI				
- 5 3 ≥		BURIAL, CREMATION, REMO	OVAL 23	B DATE	23c N	AME OF CEM	ETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
		Burial		13 Feb.84	Ci	rcle H	ill Cem	etery	Punxsutaw	ney,J	efferso	n, Pa.
16 50M 4/83	24 FL	JNERAL DIRECTOR	TI C		DDRESS		W. Carlon		REC'D. BY REGISTRAR			
VRA 15, 4)		lames S Kirk	lev	Glen Rurn	ie	Maryla	nd	FFF	3 0 1001	7.	- 4	1



STATE OF MARYLAND

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STATE OF MARYLAND

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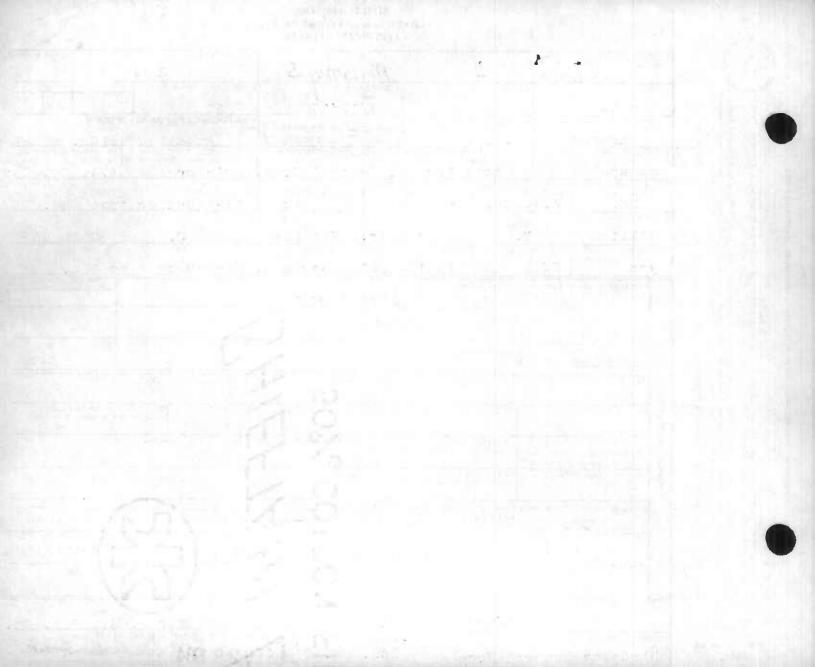
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	tor, page 3 offer death		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR OF PRINT)  A RACE S. DATE OF BIRTH  A MONTH DAY YEAR 16 UNDER 1 YEAR 16 UNDER 24 HRS  MONTHS DAYS HOURS MIN.
	ter death. Page 4 he funeral director within 72 hours of	r	RITHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED OF WHAT COUNTRY? B. MARRIED NEVER MARRIED OF COUNTRY OF COUNTRY OF COUNTRY OF DEATH  NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 121 KIND OF BUSINESS OR
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RECORDS, 201 W. PRESTON ST., BALTI	equires that the death certificate be signed by the ottending physicia lhen please remove carbon papers to burial, cremation, or removal.	CERTIFICATION	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c(.))  PART I. DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110:  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110:  119a DATE OF OPERATION  119b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  YES NOW  YES NOW  YES NOW  PART 1. DEATH WINERVALLED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110:  119a DATE OF OPERATION  119b. CONDITION FOR WHICH OPERATION WAS PERFORMED  YES NOW  YES NOW  YES NOW  YES NOW  YES NOW  PART 1. DEATH WINERVALLED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110:  119a DATE OF OPERATION  119b. CONDITION FOR WHICH OPERATION WAS PERFORMED  YES NOW  Y
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	3. SE.	5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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DHMH - 16 50M 4/83	24 F	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	110	aylor tuneral Chapel-Annapolis MU FEB 22 1984 Julie	Daniagon - 1 - 1

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y be		CEASED NAME FIRST OR PRINT)	11	mi	IRRAY SR.		2 25 84	2b HOUR
ge 4 mo ector, pe rs ofter c	3. SE	male	4 RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS	R IF UNDER 24 HRS HOURS MIN.
death. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)  Harwood M		OLINIZOVO 0	NEVER MARRIED	9. BALTIMORE CITY OR	county of DEATH Arundel Co	MD.
offer of the f		nnapolis	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,	, GIVE STREET ADDRESS)	eneral Hosp	12a USUAL OCCUPATION	N 126. KIND	OF BUSINESS OR
24 hours	USU	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION, GIVE RESID DUNTY 13c. CIT		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	berstone	0776 Rd.
completely and 2 sh	1	THER'S NAME	MIDDLE M	urray Jr	15. MOTHER'S MAIDEN NA FIRST Edmonia		L/	AST Olhoun
BALTIMORE, MARYLAND 2120 soite be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill val.	. (		S. GIVE WAR OR DATES)	CIAL SECURITY NO. 8 - 12 - 980!	17. INFORMANT Roberta E	ADDRESS	S	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLON STRUCHER PRESTON ST., BALLONG PHYSICIAN: The low requires that the death certificate ottending physician there this certificate has been signed by the attending physicians the buriol-transit permit. Then please remove corban paper than different prior to buriol, cremation, or removal, and Mental Hygtene prior to buriol, cremation, or removal, and we have shown injury, or other troumatic event, the	TION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A C  b e e DUE TO, OR AS A C  b c c c d DUE TO, OR AS A C  c c c c c c c c c c c c c c c c c c	CONSEQUENCE OF	Harry N.			
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION		OR WHICH OPERATIO	0.1	YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
DIVISION OF VITAL RI DING PHYSICIAN: The le or ottending physicion. After this certificate has e as the buriof-transit per oith and Mental Hygene marked or them 18 shows	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA- 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR A.M. MC	ONTH DAY YEAR	211. LOCATION STREET	RED (ENTER NATURE OF INJURY I		STATE
HOSPITAL OR ATTENDI sined by the hospital or FUNERAL DIRECTOR: A suit detoched for use that state Dept. of Heal		220.1 certify that (1) (this h	id nat) view the body after de	190	nd that in (my) (acc) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	, to Z/ZF/X death occurred on the date	e and hour and from the	, that (1) (we) lost the causes stated S SIGNED)
2 € 2 € 1 € <del>-</del>	23a.	BURIAL, CREMATION, REMO	2/26/84		EMETERY OR CREMATORY  E Episcopal	23d LOCATION CITY OR TOWN West Riv	COUNTY	A.A. CO.
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director ardesty Fur			dgelv Ave.	FB 2.8 1984		ATURE



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral directal should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

or attending physician.

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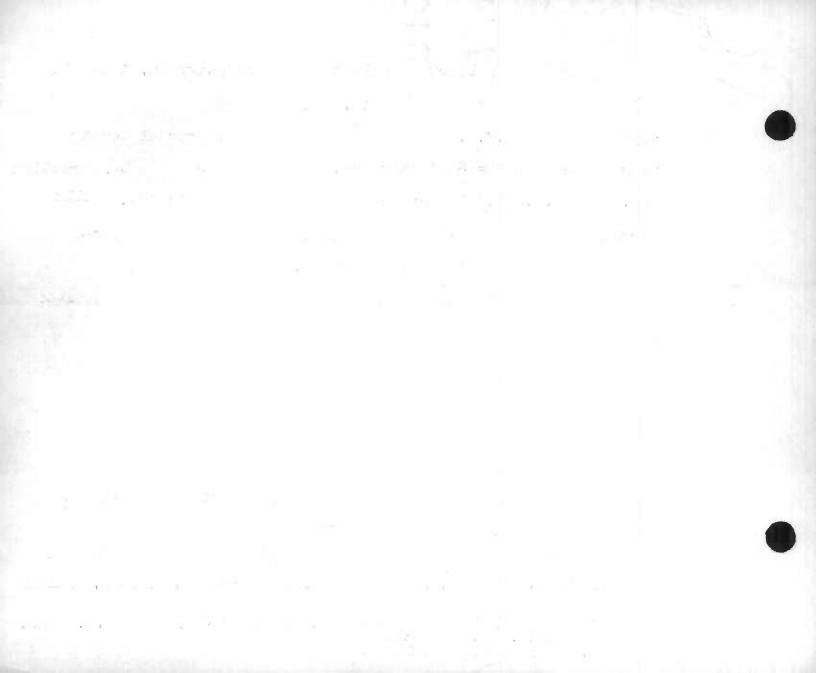
## STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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med .	REG	NO	-		

NEO IO TITTI			REG. NO.		
1. DECEASED NAME FIRST  {TYPE OR PRINT}	MIDDLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
	r Margaret NEAFS	EY	February 2	5.84 8 pm	
	. RACE 5. DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR #F UNDER 24 HRS	
e	white Man	ch 20, 1969	14 yr:	MONTHS DAYS HOURS MIN	
70. BIRTHPLACE (STATE OR FOREIGN 7	CITIZENI OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN		
COUNTRY)	MARI	RIED - NEVER MARRIED			
Greenville, SC.		WED DIVORCED	Anne Arun		
10. CITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)</li> </ol>	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS C GLIFE) INDUSTRY	
Annapolis	704 Broadmoor Dr	. Cape St. (	laire Studen	t	
USUAL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Y 13c. CITY OR TOWN	Annape Mduca	13e STREET ADDRESS / ZIP, CO		
	Arundel	YES NOTE	704 BROADM		
TI FATHER'S NAME	Alungel	15. MOTHER'S MAIDEN NA		OUR MA. OF TO	
FIRST M	DDLE LAST	FIRST	WIDDLE	LAST	
James Driscoll			h Anne Sheah	an	
(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO	. 17. INFORMANT	ADDRESS		
no	219 96 754	5 Elizabet	h Neafsey		
18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
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	DUE TO, OR AS A CONSEQUENCE OF			34	
Conditions, if only, which gove rise to immediate	(b)	JOHN-00-		2000	
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anderlying cause itsyl	(c)				
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190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERAT	N FOR WHICH OPERATION WAS PERFORMED		206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
=			YES NOW	YES NO	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART LORPART 2)	
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OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 1 21e PLACE OF INJURY	211 LOCATION			
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22a.1 certify that (I) (this haspita	- 1 1 1 1 1 1	19.80	, 10 2 2	, 19, that (I) (we) I	
saw the deceased alive on (ibove (i) we) (did not	view the blody after death.	and that in (my) (our) opinion	deoth occurred on the date and	hour and from the couses stated	
77h SIGNATURE	0 0 0	DEGREE		22c. DATE SIGNED	
Mary Mary	Kewenkal 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/26/8+	
22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	27e ADDRESS			
Brigid G.	Leventhal, M.D.	CMSC 801 J	ohns Hopkins	Hospital	
230. BURIAL CREMATION, REMOVAL		CEMETERY OR CREMATORY	73d LOCATION		
(SPECIFY) *	3 30 SH /2V	1 0	A SITY OR TOWN	STAY MSTAY	
	13-27-87 LAKE	DELOCAL I I I PET 1			
DURICI	3-27-87 ZHXE		DAUIDSONU. 1/E		
24 FUNERAL DIRECTOR	Appress		E REC'D. BY REGISTRAR 25 PREC		

DHMH - 16 50M 4/83 (VRA 15, 4)

	4	1-	FOR STATE			DEPART	MENT OF H	EALTH AND MEI	NTAL HYGI	ENE 03	23	1	
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TO THE	2	1. SE)			4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		/	Male		Whi	te	Nov	16, 191	1 5 <sup>R</sup>	68	YRS.	ONTHS DAYS	HOURS MIN.
日 前方	826		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MAI	RRIED 🗆	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
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ote k	, ‡		18 CAUSE OF DEATH	Enter on	y one couse per	line for 19, (b), o	ind (c)					BETWEEN	MATE INTERVAL ONSET AND DEATH
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OR ATTER	PT. o		obove, (I) (we) (di- 22b. SIGNATURE	d) (did no	t) view the blody	otter death.		DEGREE			******	22c. DATE	
the the Di etoch	T. If the		Hori	lino	m. N	aller Y	nD		YSICIAN Z	MEDICAL STA		2/2	8/84
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	> 5	23a. l	SURIAL, CREMATION, R				_	EMETERY OR CRI		23d LOCATION		COUNTY	STATE
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Leonard J. Ruck, Inc. Baltimore, Maryland

REGISTRAR

DHMH - 16 50M 4/83

(VRA 15, 4)

REG. NO IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY NSTRUCTION SUPERINTER Erdman Elsie Katherine Norris 319 S Club House Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) ( ) apinion death accurred an the date and haur and from the causes stated

STATE

Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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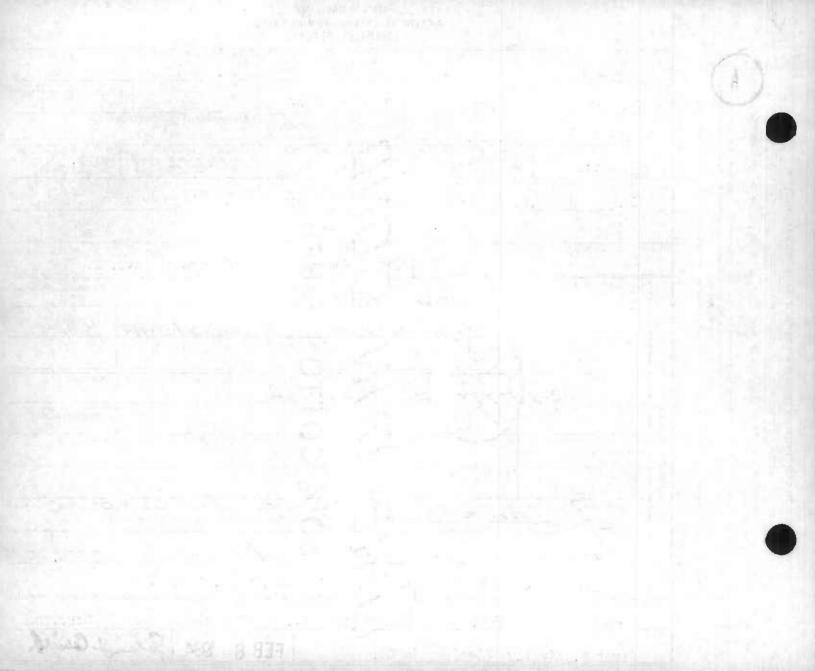
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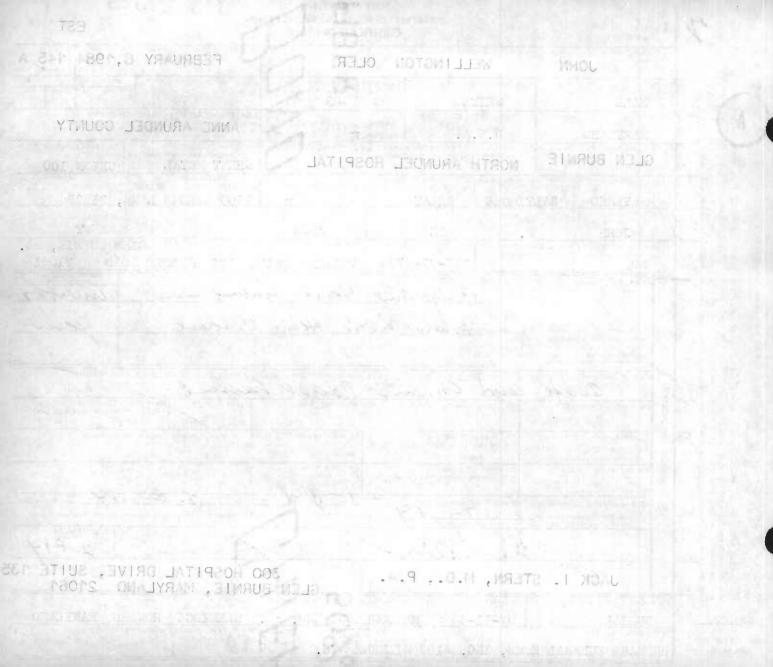
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



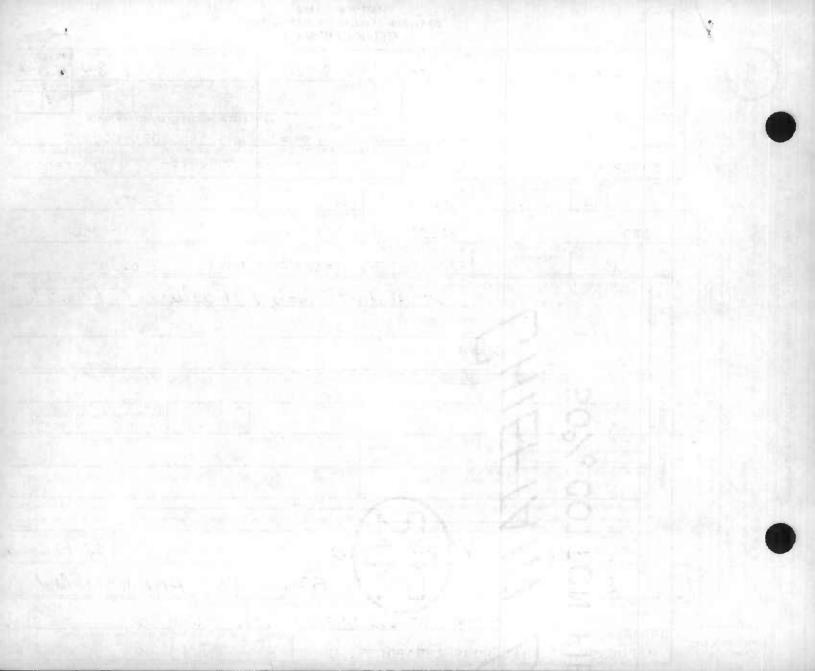
STATE OF MARYLAND



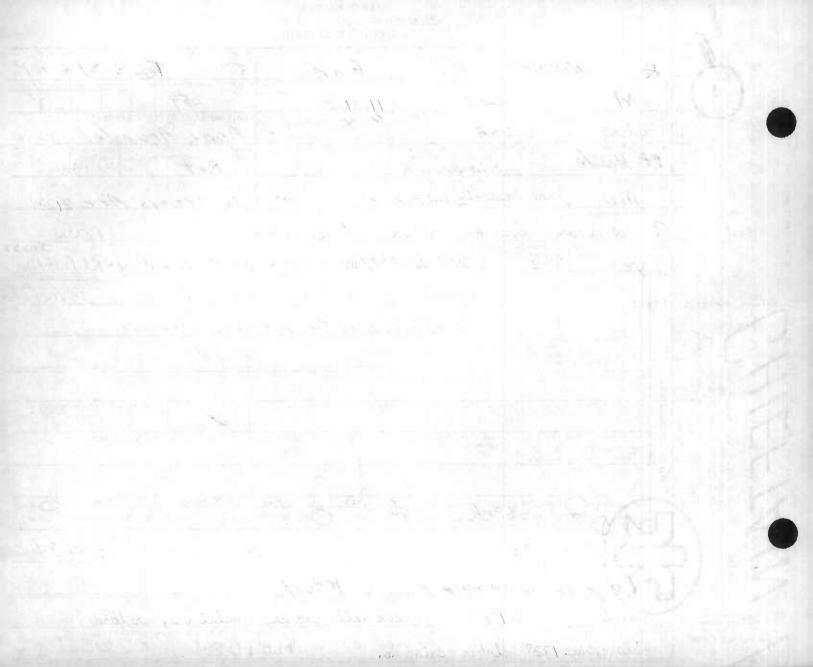


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1	1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE REG. N	0.		
B		CEASED NAME FIRST LAURA.		MIDOLE	TTE	ERSON.	20 DATE OF DÉATH	and 1	1 01/	5.55 AM
	3. SEX		4. RACE	m =	5. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
die die		FEMALE RTHPLACE (STATE OR FOREIGN	WHI 76. CITIZEN OF	TE WHAT COUNTRY?	8.	NEVER MARRIED	7 86 9. BALTIMORE CITY C	YRS.	OF DEATH	
Within 72 h		IOWA		S.A.	WIDOWE	DIVORCED [	ANNE ARU		COUNTY	
6/1/	A	TY OR TOWN OF DEATH	ANNAP	OLIS CON	IVALS	CENT CENTE	NOUSEWIE	ION OF WORKING LIFE TE	126. KIND OF E	EHOLD
2 should be	130. 5	AL RESIDENCE (IF NURSING HOME OF ATTACK 136 COL	OR OTHER INSTITUTION	13c. CITY OR TOW ANNAPOL	N	13d. INSIDE CITY LIMITS?	3113 DROC	GUE CI	r. 2	21401
puo Co		THER'S NAME ARD	MIDOLE	BATES		ELINORA	WIGOTE		POWELL	
oers. Pages 1		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	570-22-		17. INFORMANT WINIFRED	ADDR WILSON	13 e.		ATE INTERVAL USET AND DEATH
been signed by the attendin min. Then please remove corb prior to burial, cremation, ar ony injury, ar ather traumatic	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, (c) CONDITIONS C	OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO D  ONTRIBUTION FOR WHICH	NCE OF		AINAL DISEASE OR CON	20b. IF YES,	, WERE FINDING	
shows	CERTIFICATION	21g, ACCIDENT WAS UNDERLYING	216. TIME	OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES		NO [
e os the burial-transit alth and Mental Hygi- marked or Hem. 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  214. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	ER) PLACE	A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F	Y YEAR 19 ARM, ETC )	21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
CTOR: for us of He		220.1 certify that (I) (this has saw the deceased alive a above. (I) (we) (did) (did in 22b. SIGNAFORE	in	19		d that in (my) (our) opinion	, to death accurred on the d			
TO FUNERAL DIREI should be detached with the State Dept. MAPORTANT: If here		22d. PHYSICIAN'S NAME (TYPE		olem	1	ATTENDING PHYSICIAN S	MEDICAL STA	CIAN	2/1/	84
TO FUNE should be with the S		L. W. C	DLE L 236. DATE	230 1	IAME OF C	EMETERY OR CREMATORY	LIN ST A	HUNH		
		BURIAL	2/4/	'84 LE	HIGH	ACRES MEM.				FLA.
16 50M 4/82 RA 15, 4)		INERAL DIRECTOR  ARDESTY FUN:	ERAL HO	OME ANNA	POLI	CET	TE REC'D. BY REGISTRAR 3 2 1984	256 REGISTR	RAR'S SIGNATUR	



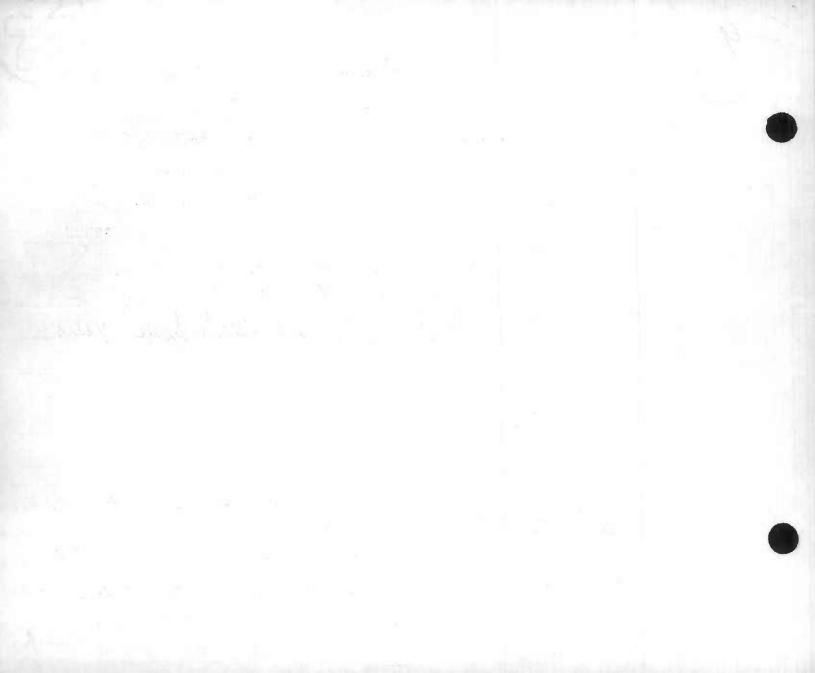
Br		FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 0 3	2 3 9
1		DECEASED NAME FIRST	MAN K.	Pen n	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR \$ 4.40 F
Meter. pag		M	4. RACE Cav	5. DATE OF BIRTH MONTH, DAY 11/21/24	6. AGE (IN YEARS LAST BIR	THOAY)  IF UNDER 1 YEAR  IF UNDER 24 HR  MONTHS DAYS HOURS MIN
death. Page funeral thin 72 purit	6	a. BIRTHPLACE (STATE ORFOREIGN COUNTRY)  anyland	76. CITIZEN OF WHAT COUNTR	RY? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	9. BALTIMORE CITY O	Arundel
by the fulled with	1	tt, Meade	(IF NOT IN SUCH FACILITY, GIVE STR	h	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 126. KIND OF BUSINESS O
filled in hould be	5	30. STATE 13b, C	AE OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY Arunde Brish	OWN 13d. INSIDE CITY LIMITS:  YES NO		nus Ave 21225
ompletely ond 2 sh	22	FATHER'S NAME FIRST WILLIAM	NORMAN PE	IS. MOTHER'S MAIDEN FIRST  2 0 0 0 0	NAME	PENN
n and ca Pages I	/	(YES, NO OR UNKNOWN)	GIVE WAR OR DATES!		ADDRE	
ow requires that the death certificate been signed by the attending physicismi. Then please remove carbonpoper prior to buriol, cremation, or removal.	<i>i</i>	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last  PART 2. OTHER SIGNIFICATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEC (c)	osclerotic Vo		20b. IF YES, WERE FINDINGS USED
W ne ne		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121, HOW INTURY OCC	YES NO	YES NO NO
PHYSICIAN tending ph this certific he buriol-tr nd Mental I	-/-	OR CONTRIBUTING CAUSE OF CHILD CAUSE OF CA	DEATH HOUR A.M. MONTH	19 21f. LOCATION	URRED (ENTER NATURE OF INJUR	
OR ATTENI he hospital DIRECTOR: oched for us Dept. of He	1	270.1 certify that (1) this his saw the deceded alive above (1) we ((did)) did	ospital) attended the deceased from the son 19 and view the body after death.	DEGREE ATTENDING	on death accurred on the do	te and haur and from the causes stated  720. DATE SIGNED  FIAN   128. BY
TO HOSPITAL etained by the TO FUNERAL should be detroment with the State IMPORTANT.	1	Dovalas	Cumming s	22e ADDRESS KACH		
BP		30. BURIAL, CREMATION, REMOVE (Specify) Durial	2/13/84 23b. DATE 23	NAME OF CEMETERY OR CREMATOR Jedan Hill Cemeter	y Baltimore	Maryland STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	2	Ambrose Inc. 1:	ADDRESS		ATE REC'D. BY REGISTRAR	REGISTRAR'S SIGNATURE



	CEASED NAME FIRST	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYDIENE  STATE CERTIFICATE OF DEATH  REG. NO.				
		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
	CHARI	LES M.	PLUMER	FEBRUARY 1	1, 1984 11:25	
3. SEX	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR	
1	Male	White	July 31, 1913	70 yrs.	MONTHS DATS HOURS MIN	
7a. B1	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	7b. CITIZEN OF WHAT COUNTRY United States	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUNT		
10. CI	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Federal Employ	126. KIND OF BUSINESS C	
13a. S	STATE 13b. COUR	VIY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMIT	S? 13e STREET ADDRESS	THE RELLED	
14. FA	Joseph	MIDDLE Plumer	15. MOTHER'S MAIDER FIRST Theresa	MIDDLE	Raab	
				ADDRESS Plumer / 1868 Ceda	r Rd. (21122)	
AL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF A LANGE OF OPERATION  2 2 4  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	CONDITIONS CONTRIBUTING TO  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICE  REGISTRATE  216. TIME OF INJURY HOUR A.M. MONTH	DEATH BUT NOT RELATED TO THE  PALE SISCASS HOPERATION WAS PERFORMED  AC STENOSIS  216. HOW INJURY OF	200 AUTOPSY?   20b. IF Y	ES, WERE FINDINGS USED I IFYING CAUSES OF DEATH? YES NO	
MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE	
	22a.l certify that the this hosp sow the deceased alive an			nion death accurred an the date and ha	our and from the couses stated	
-	Cuth	OR PRINT)	ATTENDIN	N DIRECTOR PHYSICIAN	2/12/84	
18	DD ADTURD	CITIVATA	CITEM			
23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATO		county . Marylan	
A CALLED TO SEC.	WEDICAL CERTIFICATION	Maryland  10. CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OF 130. STATE  130. STATE  Maryland  14. FATHER'S NAME FIRST  JOSEPH  160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) YES  18. CAUSE OF DEATH (Enter or or part I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (OR CONTRIBUTING CAUSE OF DEATH (RETIRE NOT WAS UNDERLYING CAUSE OF DEATH (RETIRE NOT WAS UN	Maryland  10. CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BERGING HOME OF OTHER INSTITUTION GIVE RESIDENCE BERGING HOME.  1	Maryland    United States	Maryland   United States   WDOWED   DNORCE   ANNE ARUNT	

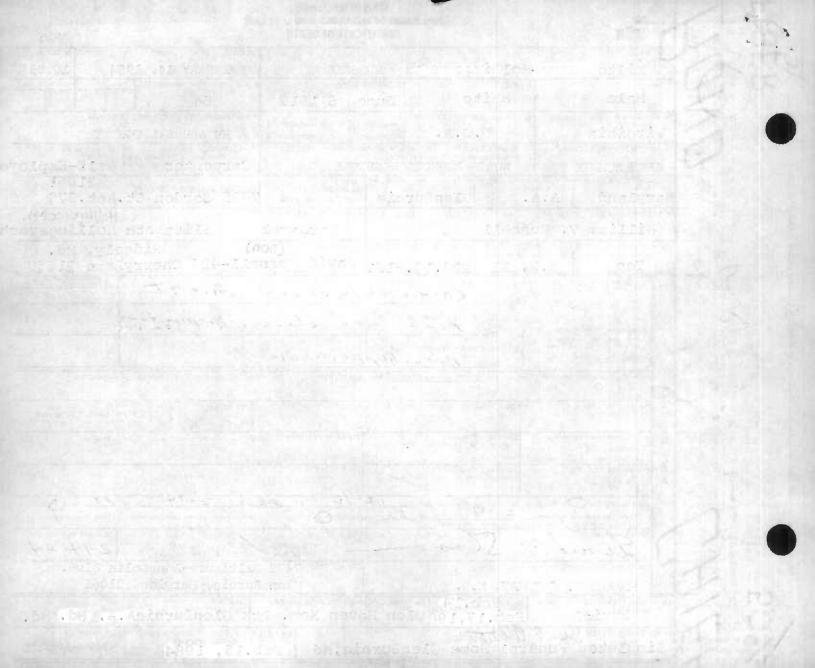
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(VRA 15, 4)

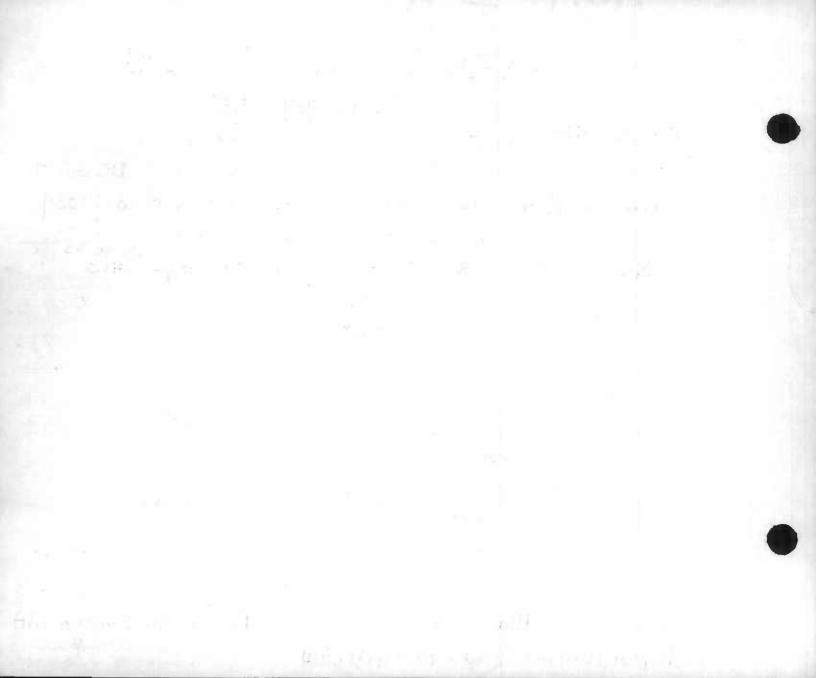
STATE OF MARYLAND



1	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HE	OF MARYLAND SEALTH AND MENTAPHY CATE OF DEATH	GIENE 0 3	2 4 5
3		CEASED NAME FIRST JESS 1		RUTK	OVSKY	20 DATE OF DEATH MONT	\$\$ 84 10:39 am
age 4 m rector. p	3. SE	FEMALE	4. RACE CAUCASIA	1 (1)	F BIRTH  DAY  10, 1909		MONTHS DAYS HOURS MIN.
death. Pe	mo	RTHPLACE (STATE OR FOR ECH	U.S.A	MARRIED		AA Co.	MD
	1	NNAPOLS	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIV A.A. G.	STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (PROF WORK FOR MOST OF WORK RETIRED	KING LIFE) 126. KIND OF BUSINESS OR INDUSTRY DC Gov +
in 24 hours by filled in	130	AL RESIDENCE (IF NURSING HOME OR	13c GITY O	R TOWN	134 INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN N		Road-21037
complete	Y	VAS DECEASED EVER IN U.S. AR	MED EODCESS IN SOCIA	Siak L SECORITY NO.	17 INFORMANT	nknown ADDRESS	LAST
be exection and c	160. (		E WAR OR DATES)	7-0039 A	Serge N	RutKovsky.	same as #13
requires that the death certificate be executed within 24 haurs after en signed by the ottending physician and completely filled in by the it blends remove carbon papers. Page 1 and 2 should be that we are burial, cremation, or removal.		2768	D BY: TE CAUSE (a) Cardi  DUE TO, OR AS A CON	ac Arre	st Nokalenia	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the deat ned by the atter please remove c ural, cremation,		Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON				
en signe en trabur progret bur trabur y injury, d	TION	Hypertensi	n			MINAL DISEASE OR CONDITIO	
The low relicion.  It has been it has been insit permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION		YES NO NO	IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH? YES \( \text{NO} \)
PHYSICIAN: The low trending physician. Trhis certificate has be the building serming and Mental Hygiene pried Amental Hygiene pried or trem 18 shaws on	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 4 P.M. 2	27 198	<i>\</i>	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I ORPART 2)
DING PHY or ottendi After this e os the bu dith and M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	134 Owensu	The Ra West	River Md.	CITY OR TOWN	COUNTY STATE
OR ATTENDING e hospital or out DIRECTOR: After potent for use as it Dept. of Health o			tal) attended the deceased  Q/27  View the body after death.	19 94 an	d that in (my) (our) opinio	n death occurred an the date ar	nd haur and from the causes stated
rAL y th y th RAL deto deto		226 SIGNATURE Sheet	Rholes mi	δ.		MEDICAL STAFF DIRECTOR PHYSICIAN	2/21/84
TO HOSPITAL retoined by th TO FUNERAL should be def with the Stote		SHELL	4 RHODES,	MI)	134 Dwen	willed, Wei	2 River, Md 20278
E s F s > Z		BURIAL, CREMATION, REMOVAL	73b DATE	23c. NAME OF CE	METERY OR CREMATORY	234 LOCATION	COUNTY & STATE OF

Chapel-Annapolis, MD

DHMH - 16 50M 4/B3 (VRA 15, 4)



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×4.	4	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE 0 3 2	46
	00 to 3	1. DECEASED NAME ATSBE	RT JOSEPH	SCANLON SCANLON	To Date of Beatti	1984
_ 1		3. SEX MAle	White	March 28,1925	6 AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR MONTHS DAYS
		76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? $U \bullet S \bullet A \bullet$	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE Arund	e Coc
in other	by the th	ANNAPO (15	11. NAME OF HOSPITAL, NURSING INFO THE SUCH ACRES OF THE SUCH ACRE	ADDRESSY CONCERN HOSPI	It USUAL OCCUPATION IT TYPE OF WORK FOR MOST OF WORKING LIF  AL Military (Re	126 KIND O INDUSTRY
AND 212	filled in		ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTW Anne I 3r CITY OR TOWN INDEED COMMENT	ADMISSION)  13d INSIDE CITY LIMITS?  VI11e YES   NO X	I3. STREET ADDRESS / ZP CODE Lot 68 Mobile	Hil! Park
WITH WITH	d 2 at	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LASI

Daniel Scanlon Edith Eder MANT (Daughter)DDRESS 22 1st.Ave.Marley Edith C. Bartlett Glen Burnie, Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) W.W.II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

saw the deceased alive on,

YEAR 19 21f LOCATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN

STATE

NO [

26 HOUR

Navy

21032

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNE

ebrua

Process

DEGREE

20a AUTOPSY?

NO

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

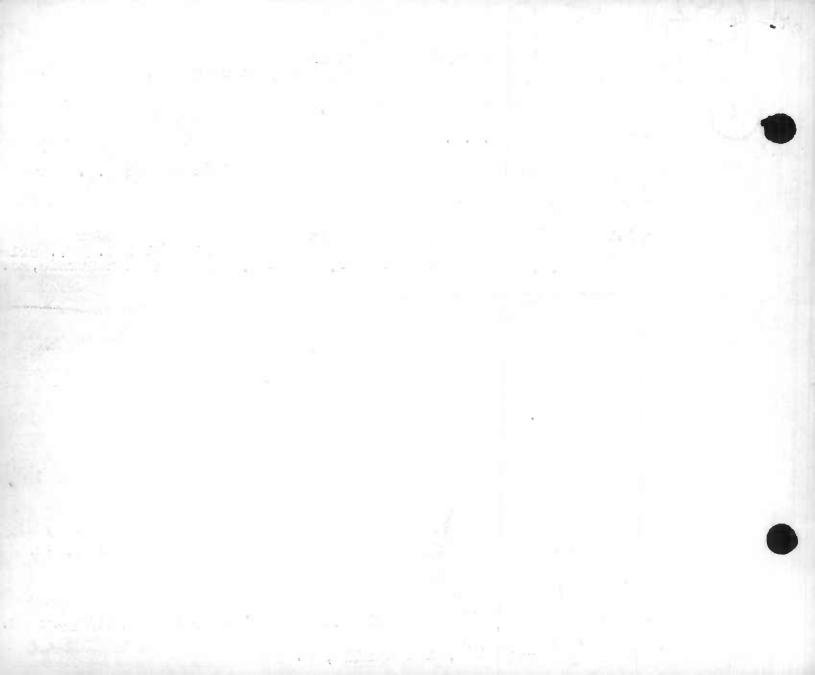
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Home, Glen Funera

216. TIME OF INJURY



Bowie, Maryland

FOR

Beall Funeral

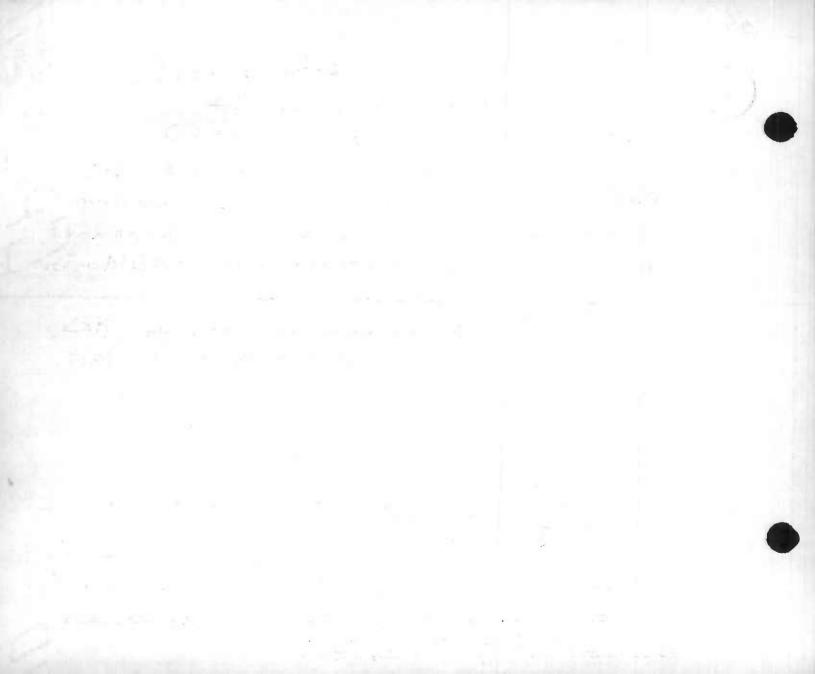
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(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HI CERTIFICATE OF DEATH	YGIENE 0 3 2 4 8
(a Ago)	I. DECEASED NAME FIRST (TYPE OR PRINT) MAY	F SCHEELS	FEBRUARY 05, 1984 1043 PM
Page 4 mg director, bours after	FEMALE	RACE S. DATE OF BIRTH  CAUCASIAN AUGUST 24 1914	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Primeral di	NEW JERSEY (	LOTIZEN OF WHAT COUNTRY?  MARRIED MARRIED NEVER MARRIED WIDOWED DIVORCED	MD.
n by the	ID. CITY OR TOWN OF DEATH GLEN BURNIE	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ("NOR THE AUTOMOTIVE AND STREET APPLIED THAT INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  WAITIZESS  12b. KIND OF BUSINESS OR INDUSTRY  KESTURANT
thin 24 ho thely filled is 2 should be a s	FLORIDA PINELL	Y II3. CITY OR TOWN I3. INSIDE CITY LIMITS?  13. INSIDE CITY LIMITS?  YES NO DO  15. MOTHER'S MAIDEN N  DDLE  LAST	3246 \$197 Sr N. 33708
one comple	UNKNOWN  160 WAS DECEASED EVER IN U.S. ARMI	UNKNO	ADDRESS CACTURE CT
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physic Then please remave carban page to burial, cremation, or remaval, injury, or ather traumatic event, the	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	ONE COUSE PER INDEX CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  RMINAL DISEASE OR CONDITION GIVEN IN PART Tro-
At RECORDS The low requirion sign to permit. The low requirits the hots been sign to permit. Then holds only injurial to the second injurial to the lower only injurial to the lower on	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VIT NG PHYSICIAN: offending physic fiter this certificat os the buriol-from th and Mental Hyg orked or frem 18 s	21a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK A LOOP	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  216. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR. At should be detached for use o with the State Dept. of Health WAPORTANT: If hem 21 is ma	220. I certify that (b) (this hospitol sow the deceased alive/an obove, (I) (we) (and the second sec	DEGREE  ATTENDING PHYSICIAN  22 • ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN NO. SUITE 200
1990 Hall Ball	MARC A. KAPI  230. BURIAL, CREMATION, REMOVAL (SPECIFY)  CREMATION  24. FUNERAL DIRECTOR	236. DATE 236. NAME OF CEMETERY OR CREMATORY FEB. 6 1984 WESTVIEW CREMATORY	WESTVIEW BALLIMORE MD
DHMH - 16 50M 4/82 (VRA 15, 4)	DORRANGE TOR	1/ SOIRITEHIE HOW FEB	ATE REC D. BY REGIST AND REGISTER ARY DESIGNATUR

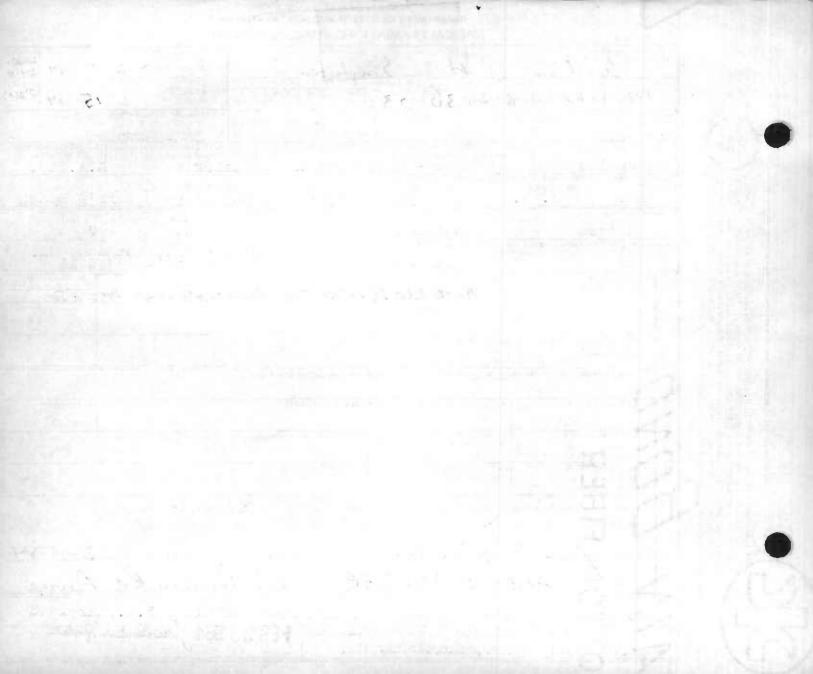
SATEL MARKET NELSE Jan 1984 John S. Carent Office and account and last the same and account account account and account account and account account account and account account account account and account accou ERRED OF BEE

Later -	L	tem #16b 3/16/8		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYD	0 3	2 5 0
	1.	STATE ELLE	EN SHEDH	CERLIFICATE OF DEATH	REG. N	0
R 31/		CEASED NAME FIRST	Davidson	Sheahend	20. DATE OF DEATH	2/27/8/ 13/
19	1.56	emale.	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 H
1 18 35	7a. B	WITHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		Anne.	Acundel Co.
13	å	nnapalis	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH SCIETY, GIVE STRE	ET ADDRESS)	12a USUAL OCCUPAT (THE OF WORK FOR MOST O	ON 12b. KIND OF BUSINESS ( F WORKING LIFE) INDUSTRY
September 1	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNIX CITY OR TO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	wood Road
12 /2/	10	Jeonge	Davidso	15. MOTHER'S MAIDEN NA		Emory
Pogn /	160	WAS DECEASED WER IN U.S. A YES NO OPENKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 213/48	13521 Elen S.	Holm -	Same as
that the death certifica by the attending bly ask remove corbosol 3, removing or remov rather travmork event		PART I. DEATH WAS CAUS  1749 IMMEDIA  Conditions, if any, which gave rise to immediate could all stating the wederlying cause last.	DUE TO, OR AS A CONSEO		9-5 T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
w requires to the plant of the	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART II a
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ĭ				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
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ВР	C	BURIAL, CREMATION, REMOVA	Feb 28, 7784 (	rame of cemetery or crematory  Cedar Hill	Suttan	P.G. MI
DHMH - 16 50M 1/81 (VRA 15, 4)	130	JNERAL DIRECTOR	al aband As As	on note MI) EE	E REC'D. BY REGISTRAR	756 REGISTBAR'S SIGNATURE

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3 SE	REGISTRAR ECEASED NAME (PE OR PRINT)  X  14. RA	FIRST	74150	MIDDLE	LAST	IIICAILO	Ze. DATE KN	REG. NO.	H DAY YEAR	
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A + 70.8	15.1	CE S. D	ATE OF BIRTH	YEAR 6. AGE (IN YE)	RS INUNDER	1 YR. IF UNDER :		MONTH	15 1984	as
D Ma	BIRTHPLACE (STATE OR OREIGN COUNTRY)  TYLAND  TYVOR TOWN OF DE		CITIZEN OF WH	SA	WIDOWED [	KNEVER MARRIE	Ann		del	
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) 13a. :	Md.	136 COUNTY A. A		e residence before admissi 13c. CITY OR TOWN Annapoli	S YE	s NO	13e STREET ADDRESS Bay Ridg	e Ca:	rr's Be	ach
4	ATHER'S NAME FIRST Nelson		Si	ngleton		NOTHER'S MAIDE	T.		? LAST	
160	WAS DECEASED EVE YES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR C		217-26-3	204 Ma	.060 Mai ary Sing	lboro Rá	ife Lot	hian, M 20711	d.
MEDICAL CERTIFICATION			(c)	AS A CONSEQUENCE O		ONDITION GIVEN IN PAR	I I (al.			
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SALCER	216 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	H P.M.	MONTH DAY YEAR			ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	PART 2)	
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230.1	22a I certify that death resulted fro			ribed obove, held on Accident , Sui	Autopsy Cide , T	Inspection Homicide .	Undetermined monn	DAT	4 5	-4
	EXAMINER'S NAMI (TYPE OR PRINT)	VAM	es £	WHEEL	E CADDI		Primer	0,	Ann	sp.
	BURIAL, CREMATION,	PEAAOVAL 23h D	ATF	23c NAME OF CEA	AFTERY OR CRI	FMATORY	23d LOCATION			na



Chapel- Annapolis ML

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FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25a. DATE REC'D. BY REGIS

26. HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

20M 4/B2

STATE OF MARYLAND

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(VRA 15, 4)

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OR ATTENDING PHYSICIAN: The

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	FOR	DEP.	ARTMENT OF HEALTH		IENE O O C	3 0	
'	- STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO.		
	ECEASED NAME FIRST	MIDDLE	C / LAST	*	20. DATE OF DEATH MONTH	DAY YEAR 2	26. HOUR
	Rober	(MMN)	Stall	Mg5	2	IF UNDER I YEAR	FUNDER 24 HRS
3. SE	X I	4 RACE	S DATE OF BIRT	DAY UYEAR	6 AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN.
2	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	10	19 95	9 BALTIMORE CITY OR COL	RS.	
/a. b	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	Q Q	o blala.	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWED URSING HOME OR OTH	DIVORCED	120 USUAL OCCUPATION		BUSINESS OR
A	nnapalis	(IF NOT IN SUCH FACILITY, GIVE		Hasoitel	Retired	ING LIFE) INDUSTRY	Service
UsU	JAL RESIDENCE (IF NURSING HOME STATE 13h COL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	LE LIOSPICE		CODE	ZCIVICE
130	mb A	HONA	I O VEC	NSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP (	Y1 - 11	1401
14. E	ATHER'S NAME	MIDDLE		OTHER'S MAIDEN NAM	ME MIDDLE	IAST	
	John	L. Stalli	nes M	largare	t Hon	Wells	)
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECTIFITY NO. 17 IN	JEORMAN	ADDRESS	Same a	S
	NO	<del>-</del> 214-0	5-1230 L	illie L.S	tallings	#13	
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	Canditions, if any, which	(b) (b)	ictiona	dunur	1 aust		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF L	D :	0 0		
	underlying cause last	(c) HC	ule Mu	10 cerrou	AL William	1704h	
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART Ita	
Ē	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WA	S DEDECIDATED	20a AUTOPSY? 20b.	IF YES, WERE FINDING	25 HSED
CERTIFICATION	DATE OF OPERATION	148 CONDITION FOR W	THEN OFERATION WA	3 FERT ORIMED		ERTIFYING CAUSES O	
EE .	210. ACCIDENT WAS UNDERLYING	LICUID A MA MONITU	DAY YEAR	HOW INJURY OCCURR	RED (ENIER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
ZA!	OR CONTRIBUTING CAUSE OF D	EAIR	19				
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		pital) attended the deceased for	3010	19 9 1	to Q		not (1) the lost
	sew the deceased live of above to we did did	not view the body alter death.	. 19, and that	(	death accurred an the date one	22c DATES	
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1	THE PHYSICIAN'S DIME ITH	Sunor	270	PHYSICIAN ADDRESS	DIRECTOR   PHYSICIAN	1 0 10	1
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23u.	BURIAL CREMATION, REMOVA	DATE	230 NAME OF CEMET	1	23d LOCATION CITY OR TOWN	Munim	21401
1	Our La L	reb_27,1984	Hiller	est 126 DAI	E REC'D. BY REGISTRARIZS RE	H.H.	MD
1 49 1	DIVERAL DIRECTOR			230 DAI	L REC D. DI REGISTRARIZSILAL	UINFIDIC CARAICIO	KE

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

AAPORTANT: If Hem 21 is marked or Hem

injury, or other troumotic event, the

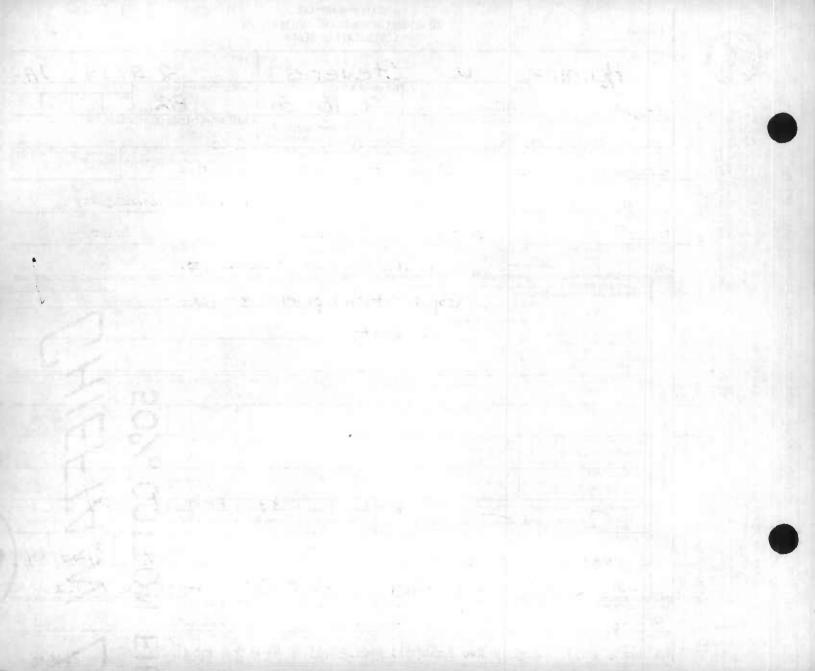
Tay for Funeral Chapel-Ashnapolis, MI

Julia Davidson-Randall

	مثل	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	-	2257
1	À		CEASED NAME FIRST OR PRINT) NELLE	AIDDLE	Sterling	REG. NO. 0	16 84 10 8 M
(	A	3. SE	FEMALE	1. RACE CAUCASIAN	5. DATE OF BUTH MONTH 23 08	6. AGE (IN YEARS LIST BIRTHDAY)	
The state of the s	the funerol d d within 72 he	F	RTHPLACE (STATE OR FOREIGN PUNITY)  TY OR FOWN OP DEATH	76. CITIZEN OF WHAT COUNTRY	MARRIED DEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY OR COUP HNUE HOUR 176. USUAL OCCUPATION	DEL MO.
1203	d in by the f be filed wife	A	MMOULS / MOL.	(IF NOT IN SUCH FACILITY, GIVE OTRE	er apples, mol 21	DATE DE	G LIFE) 12b. KIND OF BUSINESS OR
LAND 21	ty filled should should should	13a. S	THER'S NAME	JTY JUNE THOR TO		130 STREET ADDRESS Ch	GEOVE AVE
	d d	16g \	CHARLES VAS DECEASED EVER IN U.S. AR		L HENRIET	MIDDLE	PRNELL
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N ST.,	quires that the death certif is signed by the attending plant please remove corbons to burial, cremotion, or remainty, or other troumotic eve	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	UENCE OF	MINAL DISEASE OR CONDITION	GIVEN IN PART 1:0
AL RECO	The low re icion.  te has been sit permit. I green prior	CERTIFICATION	19a. DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)
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	TO FUNERAL DIRECTOR A SHOULD BE DESCRIBED BY THE PASSION OF THE PROPERTY OF TH		22d. PHYSICIAN'S NAME ATTHE	Maha / a	ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/16/84
5	should with the	230.	JOHN W. MA	23b. DAJE 23	NAME OF CEMETERY OR CREMATORY	155 AVANUE, 20	CAN LAW
DH/	BP MH - 16 50M 4/82	EA 24 F	JOMBHEUT UNERAL DIRECTOR	2/18/84 1	HILLCREST 250. DE	ATE REC'D, BY REGISTRAR 253, REC	
2111	(VRA 15, 4)	IA	LOE TUNERA	CHAPEL H	UNAPOLIS SID. FI	CD 4 4 1984 Julia	Davidson-Randell

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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

(VRA 15, 4) 1/79

MINERAL REPORTS

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v	1 -	FOR STATE REGISTRAR	DEPAI	STATE OF M RTMENT OF HEALTH CERTIFICATE		GIENE REG. NO	6 0	
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	3. SE	MALE	4. RACE WHITE	5. DATE OF BIRTH	DAY YEAR 93	6 AGE (IN YEARS LAST BIRTH		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
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filled in nouse the filled	USU/ 13e. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. CQUIN		PORE ADMISSION) PWN 13d. IN YES	ISIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE 20	Pipe
BALTIMORE, MARYLAND 2120 BALTIMORE, MARYLAND 2120  core be executed within 24 hours  spicion and campiersly filled in by apers. Pages 1 and 2 should be fill  well.  It the medical Majorine mustbe in	14. FA	THER'S NAME FIRST	MIDDE SHE	7 mg	MOCIE	MIDDLE	M	lahon
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201 W. PRESTON ST es that the death cert ed by the attending please remove carbon unal, cremation, as re- v, or other traumatic ex-		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF				
	NOI	PART 2 OHER SIGNIFICANT O	CONDITIONS CONTRIBUTING T	2	PI	AINAL DISEASE OR COND	his s	lee R.
TAL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	NO NO
PHYSICIAN: Trending physicir rhis certificate the burial-transford Americal Hygges and Americal Hygges and American Bish	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	IOW INJURY OCCUR	RED (Effer Nature OF INJURY	IN ITEM TS PART I OR PA	.RT 2)
VIST G Pr the ond ked o	MEDICAL	WHILE OCCURRED  WHILE NOT WHILE OF NORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	OCATION STREET	CITY OR TOW	vn coun	NIY STATE
R ATTENDINA hospital or a RRECTOR: Afti red for use as spt of Health tem 21 is mor		saw the deceased alive an above, (I) (we) (did (did no	tel) attended the deceased tro	£3_, and that		death occurred on the dat		
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TO HOSPITAL retained by th TO FUNERAL should be deta with the State IMPORTANT: H		BAKOLA	- Milliga	3	10 hal	gefy Dr	e bri	a.m/3140
BP	7	LIBIAL CREMATION, REMOVAL	236 DATE 18-84	ROCT H	111	THE LOCATION CITY OR TOWN	POUNTY	MO
DHMH - 16 50M 4/83	F	SOM LOCK F	uneral Home	me ou	11092 SEE	R 23 1084 4	Sh REGISTRAR'S SK	-gandell

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FOR

(VRA 15, 4)

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		3 2 6 EG. NO.	3	
00		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DE		YEAR	2b. HOUR
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L B C A )	3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS		INDER I YEAR	IF UNDER 24 HRS
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eath. Po	7a. BI	RTHPLACE (STATE OR FOREIGN BALLIMONE	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED		arundel Co		MD
rs after de by the fur filed within	1	CROFTON		RSING HOME C REET ADDRESS! ON Vale	R OTHER INSTITUTION	1	UPATION MOST OF WORKING LIFE) - hangey	126. KIND OI INDUSTRY SeTf-6	employed
BALTIMORE, MARYLAND 2120 cate be executed within 24 haurs vysicion and completely filled in by visicion and completely filled in by vision and completely filled in by voil.  in the medical examiner most benefit	130. 5	MD. 13b. COL			136. INSIDE CITY LIMITS? YES NO		ld Coaling	Road	21077
MARYL.		THER'S NAME SOLN		heimer	15. MOTHER'S MAIDEN NAME PIRST ANGELI'A	ia "	Kuhlma		
IMORE, oe execut n and co	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL S VE WAR OR DATES! 218-28		Ms. Anna Ho		ADDRESS 7532 Harmons, M	01d (	Coaling
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA  NG PHYSICIAN: The low requires that the death certificate r attending physician. After this certificate has been signed by the ottending physic sthe burial-transit permit. Then please remove carban pape th and Amental Hygiene prior to burial, cremotian, ar removal and Amental Hygiene prior to burial, cremotian, ar removal acted at them 18 shows any injury, ar other traumatic event, it	Z	PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if ony, which gave rise to immediate couse (D), stating the underlying couse lost	nly one cause per line for (a), (b) ED BY: TE CAUSE (b)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	EQUENCE OF	rentr'eules ese hear	t fa	elene RECONDITION GIVEN	Ms 1	MATE INTERVAL INSET AND DEATH LUST
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NG PHYSICIA offending p filer this certifi as the burials th and Mental	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
OR ATTENDII e hospital ar DIRECTOR: A ched for use Dept. af Healt if Hem 21 is me	S		ot) view the body other death.	×1,01	od that in (my) (our) apinion.		the date and hour o	nd from the o	
O HOSPHAL ( etomed by the TO FUNERAL E should be deto, with the Store E MPORTANT: H		220. PHYSICIAN'S NAME (TYPE	ORPRINT) PRANK	e up	ATTENDING PHYSICIAN [	Director &	Fer y-6le	4 /2	sing he
5 5 7 4 3 8		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		OUNTY	STATE

Balto., Md.

ADDRESS

24 FUNERAL DIRECTOR

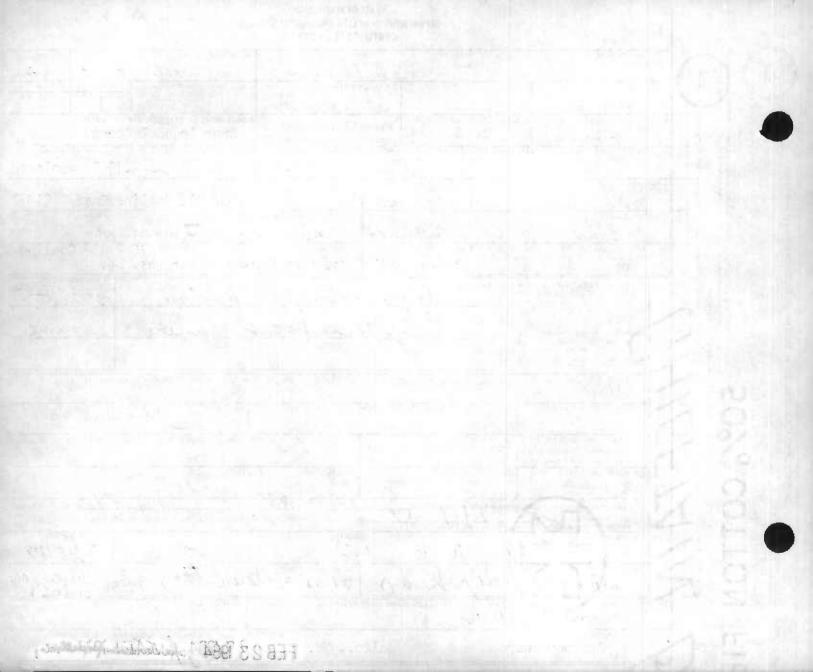
NAME Anatomy Board

DHMH - 16 50M 4/B2

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAP SE REGISTRAR'S SIGNATURE

21077



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(B:)	eoth eoth		CEASED NAME EIRST OR PRINTS		AIDDLE	j	horpe	2a. DATE OF	Z 2	384	650 a M
4 0	ector. po	3. SE)	M	4 RACE		S. DATE O	P BIRTH	6. AGE (INYE	ARS LAST BIRTHDAY)  43  485.		HOURS MIN.
deoth. Pog	n 72 hou	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  ORTH CAROLINA	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED		E CITY OR COUNTY E ARUNDEL		MD.
offer refer	iled with	10. CI	NAPOLIS	(IE NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	HOSPITAL		CCUPATION EOR MOST OF WORKING LI	12b. KIND OF I INDUSTRY	BUSINESS OR
MARYLAND 2120	filled in	130 S			I3c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES NO []	_	DDRESS / ZIP CODE Paddingtor	st/4	83
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BALTIMORE, A	Poges   o	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES) W. II	166 SOCIAL SECT	URITY NO.	IT. INFORMANT	RPE 100	ADDRESS Anna 9 Padding	apolis, l	Md. 21403
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Helena 22 84 Vahtras 6:15P Α. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX HTMOM YEAR White Female 68 20 15 YRS BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel U.S.A. Wisconsin WIDOWED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Fort Smallwood [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Baltimore Housewife Home Maker JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21226 13e STREET ADDRESS / ZIP CODE ZIZZO 6812 Fort Smallwood Road 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Md A.A. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hallikas Alex Birk Mary 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Maryland 21108 (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 218-12-7113 Julia Lynch 523 Chalet West. Millersville APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating underlying cause RELATED TO THE TERMINAL CONDITION DIVIN IN PART 1/a PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE HOME, STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from saw the deceased plive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR DHYSICIAN PHYSICIAN 27e ADDRESS 230. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATON 23b. DATE Crematio 2/24/84 Crematory Catonsville Westview Md

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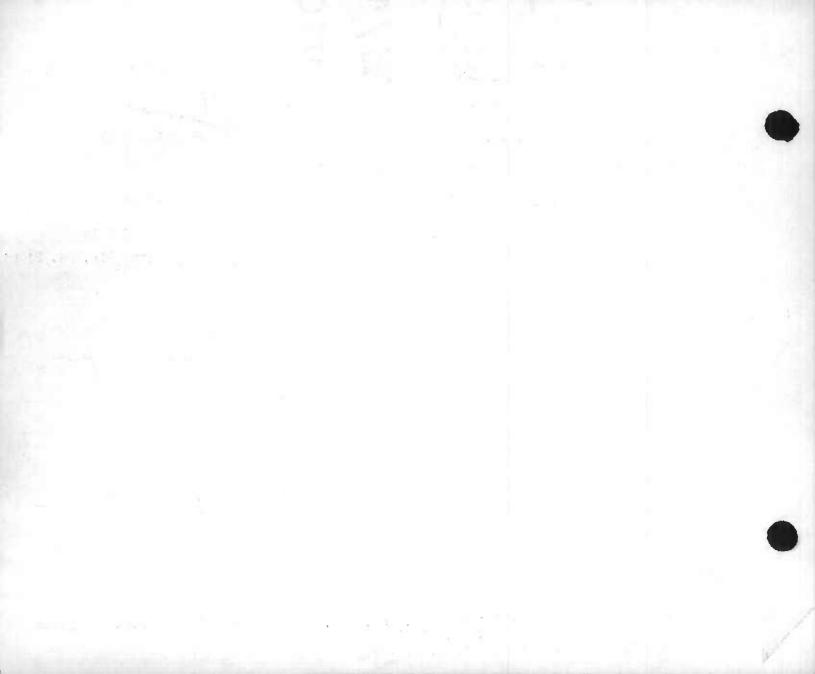
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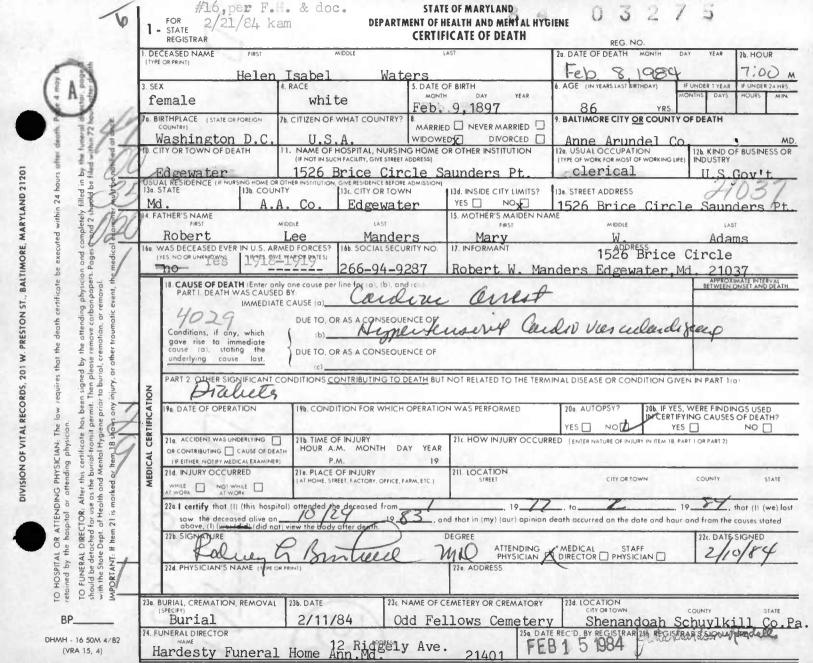
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		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20 HOUR OF PRINT)
the state of the s		Mary ANNA Wascavage 2-27-84 63mm
	II. SE	Female Couc. S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS.  Female Couc. 7-16-20 63 YRS.
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DS, 201 W. PRESTON ST., BAL duling that the death certificate signed by the attending physical formation, ar remayol.	NO	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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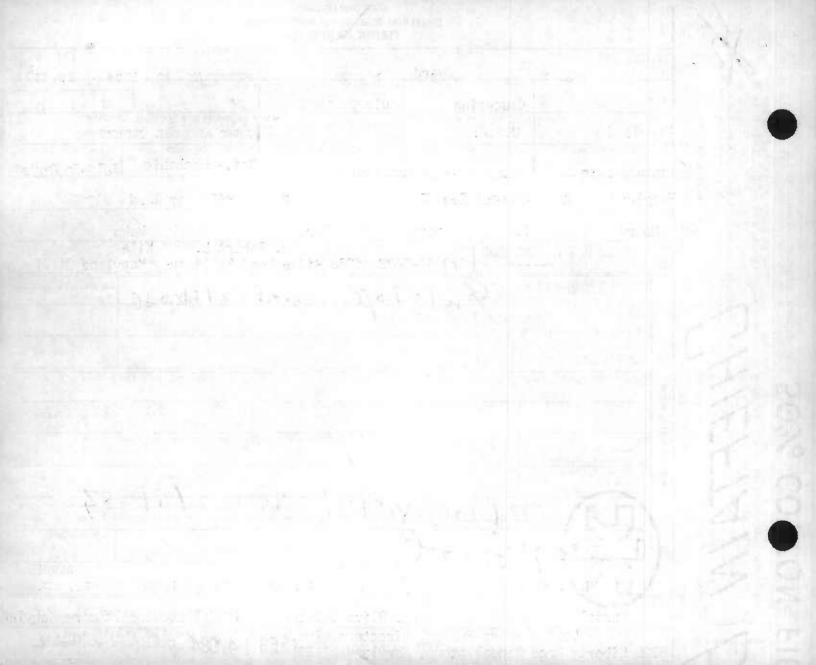
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8728 Liberty Road Randallstown, Maryland 21133

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	In has been signed by the attending physician and completely filled in by the funeral director, page 3 per memore corban papers. Pages 1 and 2 should be filed within 72 hours after death perior to burial, cremation, or remayol.	more ony injury, or other traumatic event, the medical examinet mushbe notified all of the

## STATE OF MARYLAND

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FOR TO STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE U S Z.	1 1
1. DECEASED NAME FIRST STORY OF THE STORY OF	A. RACE	Wilkerson  S. DATE OF BIRTH MONTH DAY YEAR	2 15/84 6. AGE (IN YEARS LAST BIRTHDAY)	YEAR 20. HOUR  IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DATS HOURS MIN.
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	TArunde 13: That	EBEFORE ADMISSION)  PyswiLanding Inside CITY LINETS?  YES NO	6007 9010 mons I	sland Rd. 20779
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TAT WORK  THE CONTROL OF THE CONTROL	wiew the body the destr	DEGREE ATTENDING (	deoth occurred on the dote and hour  MEDICAL STAFF DIRECTOR PHYSICIAN  23d LOCATION Friendship A.A	271. DATE SIGNED 27/84/

24 FUNERAL DIRECTOR
Rausch Funeral Home ADD Owings Maryland EB 21 1984 June Dandson Home

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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FOR

24 FUNERAL DIRECTOR

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(VRA 15, 4)

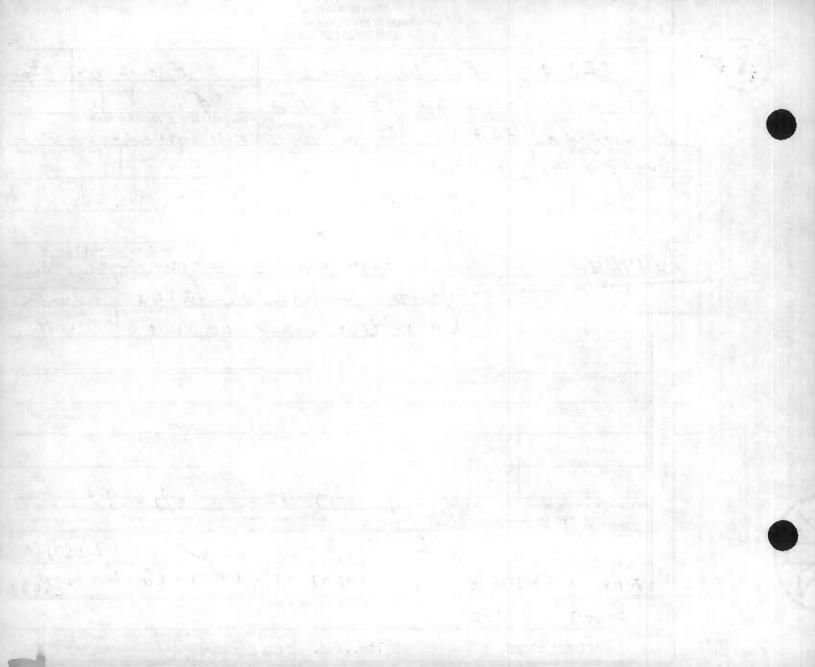
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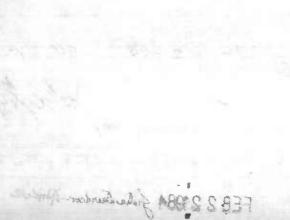
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6 T.	art #2 3/12/84 mtb F#589 STATE OF MARYLAND, FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 3 2 8  **EGISTRAR**  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  PEG NO.	-
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN XX MONTH D OF ESTI-	YEAR 25 HOUR
3. SE		3 19 84 10:24 p. M
Maria I	MARRIED   NEVER MARRIED   Anne Arundel Col  CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   126 USUAL OCCUPATION (TYPE OF WORK)   126	inty, MD.
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1	FATHER'S NAME  CFIRST A. L. MIDDLE  WILLIAM HELEN  Tack	i do
NOISINIO	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 706 Spire of the very opinion opinion of the very opinion opinion opinion opinion of the very opinion opinio	ing dale five
AL.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Drowning	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D I PRIOR TO BURIAL, CREMATION, OR REMOVAL, MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate (b)	
ON, OR	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)	
No.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.  Arteriosclerotic Cardiovascular Disease	
7 INC.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES XX NO
MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 2-18 19 84 Subject found in bathtub	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE XX AT WORK XX NOT WHILE XX NOT WHILE NOT WORK NOT WHILE NOT	state Arundel Co.,
	226. I certify that Jaak charge of the remains described above, held an Autopsy XX. Inspection . Inquiry . and in my apinio death resulted from Natural causes . Accident XX. Spicide . Hamicide . Undetermined manner .	Mail
	ACTUAL SIGNATURE COLUMN TITLE (SPECIFY)  ASSISTANT MEDICAL EXAMINER SIGNED	2-19-84
BATHMORE, MARYLAND, 21201 P	EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn Street	
230.	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CURTY COUNTY SPECIFY.  SUNTAL FEB 21, 1984 St. Anne'S Anna, 2015 Ann	· MD
	FUNERAL DIRECTOR. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN	

ROBERT E. EVANS 1212 WEST ST. ANNAPOLISER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIME U 3	2 8 5
16	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME	FIRST MIDDLE	LAST	2R. DATE OF DEATH MONTH	
	Tho	mas Hameman		Feb.	11,1984 47 PM
# 3	Mala	1 RACE	S DATE OF BIRTH VEAR	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR IF UNDER 24 HRS
1/2	BIRTHPLACE (STATE ORF	OREIGN 7% CITIZEN OF WHAT COUNT	RY? MARRIED NEVER MARRIED	BALTIMORE CITY OR COL	UNITY OF DEATH
10	Kentuck	USA	WIDOWED DIVORCED		undel Mo.
m	CITY OR TOWN OF DE	ATH 11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION REET ADDRESS(	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12h KIND OF BUSINESS OR
14	- TOWNSVI	SING HOME OR OTHER INSTITUTION, GIVE RESIDENCE IN	lunsing Center	Owner	Appliancels
165	3R STATE	136 COUNTY 13 SITY OR I	OWN 131 INSIDE CITY LIMITS?	13r. STREET ADDRESS	endo Pd MULA
4.6	FATHER'S NAME		IS MOTHER'S MAIDEN N	IAME	Side heighto
120	Alous	icis ablik	ina Alma	WIDDLE	Hardeman
	WAS DECEASED EVER	IN U.S. ARMED FORCES? 166 SOCIALS	ECURIT NO. 17 INFORMANT	ADDRESS	Sameas
nt, the	NO	577.11	0-68791=mily B	. Wolking -	#13
c event,	18 CAUSE OF DEAT PART I. DEATH W	TH (Enter only one cause per line for ia), (b	, and ich	3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
traumatic	400		umonikis	1.10	3 Weeks
	Canditions, if any	DUE TO, OR AS A CONSE	victibroemphysa	wa	10 years
	gave rise to imp cause (a), statir	mediate ng the DUE TO, OR AS A CONSE	OUENCE OF		
injury, or	underlying cause	(c)			
ří		NIEICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	V GIVEN IN PART 1101
S. T.	19a DATE OF OPERA	THON 196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20h.	IF YES, WERE FINDINGS USED
	190 DATE OF OPERA			YES NO NO	ERTIFYING CAUSES OF DEATH?  YES NO
O)	On Courteman		DAY YEAR 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITE	M T8, PART 1 OR PART 2)
	(IF EITHER, NOTIFY MEDIC	CALEXAMINER) P.M.	19		
		HILE THOME, STREET, FACTORY, OFF	ICE, FARM, ETC.( 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK	(Nhis hospital) attended the deceased fro	May 24 10 7	2 . Feb 11	10 8 A should be block
n 21	saw the deceas	ed alive an Fab 1	SIA	in death accurred on the date and	d hour and from the causes stated
f Iter	221 SIGNATURE	did) (did nat) view the body affer death.	DEGREE		22c. DATE SIGNED
	Char	les M. Kmzer	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	te6 13, 1984
	224. PHYSICIAN'S N.		22e ADDRESS		
IMPORTANT: If Item	CHAR	LES W. KINZER.	M.D ANNAPOL		
2	BURIAL, CREMATION,	Fal-1210011	31. NAME OF CEMETERY OR CREMATORY	236 LOCATION CITY OF JOHN	COUNTY
7	FUNERAL DIRECTOR	1100 110013,17841	_WeO	ATE REC'D BY REGIS TRAP 256 DE	GIŞTRAR'S SIGNATURE
6 25M 4) 1/79	NAME	nenal Chanel-Hn	napolis MI FEB	1 5 1984 Julia Da	udson-handeles

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE KNOWN I. DECEASED NAME 7b. HOUR MONTH (TYPE OR PRINT) ESTI-Gloria Wrun Wren DEATH MATED В. OFLA 2d. HOUR SEX DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE MONTH VEAD LAST BIRTHDAY) PRONOLINCED HOURS DEAD TEMALE ~ 9. BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE MARRIED X NEVER MARRIED OF EXONS USA ANNE ARUNDEL DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IB. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY A'N'N'EUCHARDADELADGENERAL HOSPITAL ENOMENARER ANNAPOLIS SUAL RESIDENCE LIF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3 RITCHIE ROAD ANNE ANNAPOLIS MARYLAND ARUNDEL YES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST CARSON BURTON MARY FRANCES LEONARD 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS IYES, NO. OR UNKNOWNI (IF YES GIVE WAR OR DATES) B. WREN SAME AS 13 451-26-0516 DONALD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE ATION, OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF A BURIAL. lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: In...
ICATE, WRITING ...
E FORWARDED TO THE C...
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CTAR: PAGE 3 SHOULD BE UT
CATE DEPARTMENT OF HUR YES 🔲 NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21f LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinian Hamicide Undetermined manner death resulted fram Natural causes ACTUAL SIGNATURE MEDICAL EXAMINER TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION 2-27-84 BRENTWOOD LINCOLN CEMATORY PR. GEO. BP 24. FUNERAL DIRECTOR **DHMH - 17** ANNAPOLIS, MARYLAND EVANS (VR A15 ME (5))

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STATE OF MARYLAND

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